

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-08-2003 90160 010 ****61.25

DOCUMENT # 746054

1. Entity Name

PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

343 PINE RIDGE CIRCLE
GREENACRES CITY FL 33463

Mailing Address

343 PINE RIDGE CIRCLE
GREENACRES CITY FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1963457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FARACE, SAM

328 C2 PINE RIDGE CIRCLE
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name

RAY D. PASQUALE

Street Address (P.O. Box Number is Not Acceptable)

330 D1 PINE RIDGE CIRCLE

City

GREENACRES

FL

Zip Code

33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RAY D. PASQUALE

1/6/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P
NAME: FARACE, SAM
STREET ADDRESS: 328 C2 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES FL 33463 ☐ Delete

TITLE: P/D
NAME: PASQUALE RAY
STREET ADDRESS: 330 D1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES, FL 33463 ☐ Change ☐ Addition

TITLE: VP/D
NAME: PASQUALE, BAY
STREET ADDRESS: 330 D1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES FL 33463 ☐ Delete

TITLE: VP/D
NAME: FARACE, SAM
STREET ADDRESS: 328 C2 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES, FL 33463 ☐ Change ☐ Addition

TITLE: T/D
NAME: CLASSON, ROBERT
STREET ADDRESS: 340 B1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES FL 33463 ☐ Delete

TITLE: TREAS/D
NAME: CLASSON, ROBERT
STREET ADDRESS: 340 B1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES, FL 33463 ☐ Change ☐ Addition

TITLE: S/D
NAME: PUGLIESE, HELEN
STREET ADDRESS: 335 A1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES FL 33463 ☐ Delete

TITLE: S/D
NAME: PUGLIESE HELEN
STREET ADDRESS: 335 A1 PINE RIDGE CIRCLE
CITY-ST-ZIP: GREENACRES, FL 33463 ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

TITLE: ☐ Delete

TITLE: ☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

RAY D. PASQUALE

1/6/03

561-967-1848

Date

Daytime Phone #