2000 UNIFORM BUSINESS REPORT (UBR)

2/9/00-90379-046-$61.25-$61.25

FILED

00 MAR -8 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748558

1. Entity Name

THE PINES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1400 NEBRASKA AVE. FT PIERCE FL 34950 US	1400 NEBRASKA AVE. FT PIERCE FL 34950-5215 US

DO NOT WRITE IN THIS SPACE

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 59-2167724 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTNETT, PEGGIE 1458 N. LAWNWOOD CIRCLE #24B FORT PIERCE FL 34950	Name: KATY PURCELL Street Address (P.O. Box Number is Not Acceptable): 1402 NEBRASKA AVE. #7-D City: Fort Pierce Fl 34950 FL Zip Code

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.

SIGNATURE Katy Purcell KATY PURCELL
Signature required of new 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 Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTNETT, PEGGIE 1458 N. LAWNWOOD CIR #24-B FORT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PURCELL, KATY 1402 NEBRASKA AVE #7-D FORT PIERCE FL 34950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PETERSON, DOROTHY 1458 N. LAWNWOOD CIR #18-B FORT PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HILSON, CAROL 1482 N LAWNWOOD CIR #32-A FORT PIERCE FL 34950	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PURCELL, KATHY 1402 NEBRASKA AVE., #7-D FT. PIERCE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRUPIA, RUTH 1440 N LAWNWOOD CIR #20-C FORT PIERCE FL 34950	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUFF, MICHAEL 4319 THOUSAND PINES DR FT. PIERCE FL 34981	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARTSFIELD, DALE 1702 SAVANNAH STREET FORT PIERCE FL 34982	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTSFIELD, DALE 1302 NEBRASKA AVE #11-D PORT ST. LUCIE FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREEL, MARK 1482 N LAWNWOOD CIR #30-A FORT PIERCE FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERKING, MARGARET L 1440 N. LAWNWOOD CIR #19-C FT PIERCE FL 34950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERSON, DOROTHY 1440 N LAWNWOOD CIR #18-B FORT PIERCE FL 34950	☐ Change ☐ Addition

CR2E037 (9/99)

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: KATY PURCELL Katy Purcell REQUIRED 2/3/00 561-465-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #