

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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90033 022 ****61.25

DOCUMENT # 750352

1. Entity Name

PINETRAIL EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**616 NW 45 DR.
DELRAY BEACH FL 33445
US**

Mailing Address

**596 N.W. 45TH DRIVE
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**DAVEY, SUSAN
596 N.W. 45TH DRIVE
DELRAY BEACH FL 33445**

Name

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

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

SUSAN E. DAVEY

4/30/2003

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 Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	DAVEY, TERRY	
STREET ADDRESS	596 NW 45TH DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VD	☐ Delete
NAME	KUH, RONALD	
STREET ADDRESS	634 NW 45TH DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	☐ Delete
NAME	ARTYBRIDGE, BESSIE	
STREET ADDRESS	4588 NW 5TH CT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	SD	☐ Delete
NAME	RANGEL, DOLORES	
STREET ADDRESS	619 NW 45TH DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] **TERRY DAVEY**

4/30/03

561-445-0831

CR2E037 (10/02)