

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90123 006 ****61.25

DOCUMENT # 751888

1. Entity Name

PINE COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKEWORTH FL 33460

C/O ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKEWORTH FL 33460

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

59-2066991

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

**ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460**

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BURNS, PENNY
4677 OAK TERRACE DRIVE
GREENACRES FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MC GRAM, RICHARD
117 APPLEWOOD DR
GREENACRES FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SPOELSTRA, WATSON
4667 OAK TERR DR
GREEN ACRES FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DOUGHERTY, CRAIG
448 GLENWOOD DR.
ATLANTIS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
LECHIFFLARD, P
4717 OAK TERR DRIVE
GREENACRES FL 33463** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Schweinberg, Betty
2003 4th Street
Bay City, MI 48708** ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Lechiffard, Patricia
4717 Oak Terrace Drive
Green Acres, FL 33463** ☒ Change ☐ Addition

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

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:

CRAIG DOUGHERTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/02 **564-433-8209**

CR2E037 (9/01)