

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 752653**

1. Entity Name

**PINEHURST TOWNHOMES CONDOMINIUM OWNERS' ASSOCIAT**

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90207 044 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3713 EDGEWATER DRIVE SEBRING FL 33872-2035 US	3713 EDGEWATER DRIVE SEBRING FL 33872-2066 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
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4. FEI Number	Applied For
<b>59-2122411</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**POPOVICH, SYLVIA**  
**3713 EDGEWATER DRIVE**  
**SEBRING FL 33872**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>POPOVICH, STEVEN</b>
STREET ADDRESS	<b>3713 EDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>KINSLEY, ROBERT</b>
STREET ADDRESS	<b>3705 EDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>HANEGRAAF, MARY</b>
STREET ADDRESS	<b>3709 EDGEWATER DR.</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>KINSLEY, DOROTHY H</b>
STREET ADDRESS	<b>3705 EDGEWATER DRIVE</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<b>QV</b> <input type="checkbox"/> Delete
NAME	<b>POPOVICH, SYLVIA</b>
STREET ADDRESS	<b>3713 EDGEWATER DR</b>
CITY-ST-ZIP	<b>SEBRING FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sylvia R Popovich* **3/28/00** **(843) 471-6026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (9/99)