

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90014 019 ****61.25

DOCUMENT # 763642

1. Entity Name

PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6872 TIMBER PINES BLVD.
 SPRING HILL FL 34606

Mailing Address

6872 TIMBER PINES BLVD.
 SPRING HILL FL 34606

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

59-2209023

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

KURTZ, SUSAN R
6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606

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	PD	<input type="checkbox"/> Delete
NAME	HOUSER, DONALD	
STREET ADDRESS	2136 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLAND, JOHN	
STREET ADDRESS	2188 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEGER, CHARLOTTE	
STREET ADDRESS	2152 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, BARBARA	
STREET ADDRESS	2188 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, ROBERT	
STREET ADDRESS	6872 TIMBER PINES BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FUCARINO, JOSEPH	
STREET ADDRESS	2128 FORESTER WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY LOIS	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEICHEL, JOHN	
STREET ADDRESS	6872 TIMBER PINES BLVD	
CITY-ST-ZIP	SPRING HILL FL	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)