2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
06-20-2001 90125 021 ****61.25

DOCUMENT # 766626

1. Entity Name

PINE HAVEN CONDOMINIUM ASSOCIATION, INC.

UA

Principal Place of Business	Mailing Address
10911 BONITA BCH. RD. S.E. STE 1011 BONITA SPRINGS FL 34135 US	P O BOX 366994 BONITA SPRINGS FL ~~34135~~ 34136 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 59-2408799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEDRICH, NORMAN S.
10911 BONITA BCH. RD. S.E., STE. 101
BONITA SPRINGS FL 34135

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 ____________________

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	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEDRICH, NORMAN S.		NAME		
STREET ADDRESS	10911 BONITA BCH RD. SE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	STD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	HEDRICH, CLEDA P.		NAME		
STREET ADDRESS	10911 BONITA BCH RD. SE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COE, FRANK		NAME		
STREET ADDRESS	~~282~~ PINE HAVEN WAY., #191 28281		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAWE, CAROL		NAME		
STREET ADDRESS	28260 PINE HAVEN WAY, #88		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Frank Coe REQUIRED

CR2E037 (10/00)