2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90203 024 ****61.25

DOCUMENT # 766626

1. Entity Name

PINE HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10911 BONITA BCH. RD. S.E.~~ ~~STE 101~~ ~~BONITA SPRINGS FL 34135~~ ~~US~~	~~P O BOX 866004~~ ~~BONITA SPRINGS FL 34135~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2073 J+C BLVD.	P.O. Box 110339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL.
Zip: 34109 Country: US	Zip: 34108 Country: US

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	7. Name and Address of New Registered Agent
~~HEDRICH, NORMAN S.~~ ~~10911 BONITA BCH. RD. S.E., STE. 101~~ ~~BONITA SPRINGS FL 34135~~	Name: Beverly Kueter Street Address (P.O. Box Number is Not Acceptable): c/o Sunburst Mgmt. Corp. 2073 J+C BLVD. City: Naples, FL Zip Code: 34109

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: Beverly Kueter, Mgr. Beverly Kueter, Mgr. 4/12/02
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	~~VPD~~ ~~HEDRICH, NORMAN S.~~ ~~10911 BONITA BCH RD. SE~~ ~~BONITA SPRINGS FL 34135~~	☑ Delete	D, S Meesig, NANCY 28201 PINE HAVEN WAY #150 BONITA SPRINGS, FL	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COE, FRANK 28281 PINE HAVEN WAY #191 BONITA SPRINGS FL 34135	☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CTD~~ DAWE, CAROL 28260 PINE HAVEN WAY, #88 BONITA SPRINGS FL 34135	☐ Delete	D, VP, T	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Bell, Patty 28150 Pine Haven Way #30 Bonita Springs, FL	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Hyder, Richard 28181 Pine Haven Way #144 Bonita Springs, FL	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E037 (9/01)

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 SIGNATURE REQUIRED 4/12/02 941-591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #