2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am §

| DOCUMENT # 766626 1. Entity Name PINE HAVEN CONDOMINIUM ASSOCIATION, INC. | | | | | 05-02-2003 90259 025 ****61.25 | | | | |
|--|--|---|---|------------------------|--|--|------------------|-----------------------------|----------|
| Principal Place of Business 2073 J & C DLVD NAPLES FL 24109 US | | Mailing Address P O BOX 110339 NAPLES FL 34108 US | | | T HERBIL TODIO DINO DANIO DANIO DANIO DANIO DINO DINO DINO DINO DI DINDIO DI DINO DI D | | | | |
| 2. Principal P | Place of Business 6 ARNOLD Ave. | 3. Mailing Address | ailing Address | | | | | | |
| Suite, Apt. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State Les FL | | City & State | City & State | | 4. FEI Number 59-2408799 | | | oplied For ot Applicable | - |
| 2ip 34104 Country | | Zip | Countr | 5. Certificate of Sta | | tus Desired | | |] |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| -2073-J-& | BEVERLY - C-BLV D FL- 34109 | e de | | Name Street Address | (P.O. Box Number is Not Acceptable) AFNOLD Ave. | | | | |
| 9 The above | named entity submits this statement for | the ourses of changing its | | City NAG | ered agent or both in the | | Zip Cod | 104 |] |
| | ions of registered agent. | the perpense of changing he | , regionaled t | omeo di Togiste | Side agent, or bear, are | ic state of Florida. Ta | m varimus versi, | una uscopi | |
| SIGNATURE. | Signature, typed or printed name of registered agent a | and title if applicable. (NOT | E: Registered Ag | gent signature require | ed when reinstating) | DATI | | | |
| FILE NOW: FEE IS \$61.25 | | | 9. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State | | | |
| 10. | OFFICERS AND DIR | RECTORS | 11. | | ADDITIONS/CHANGE | S TO OFFICERS AND | DIRECTORS IN | 10 | 1. |
| TITLE NAME STREET ADDRESS | DS MESSIG, NANCY 28201 PINE HAVEN WAY #150 | ☐ Delete | , title Name Street a | .nneess | | | ☐ Change | ☐ Addition | 7 /40/00 |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | | CITY-ST- | | | | | | 2 |
| TITLE NAME STREET ADDRESS | PD COE, FRANK 28281 PINE HAVEN WAY #191 | ☐ Delete | TITLE NAME STREET A | - 1 | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BONITA SPRINGS FL 34135 DVPT DAWE, CAROL 28260 PINE HAVEN WAY, #88 BONITA SPRINGS FL 34135 | □ Delete | TITLE NAME STREET A | DDRESS | | | ☐ Change | Addition | 1 |
| OIL 1 01-71 | DOMEN OF THE OFFICE | _ | 3111-31 | | | | | _ | 1 |

28181 PINE HAVEN WAY #144 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL** TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE

NAME

TITLE

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 an other like empowered. FRANK COE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

BELL-PATTY

28150 PINE HAVEN-WAY #30

BONITA SPRINGS FL

HYDER, RICHARD

Delete

☐ Delete

Vojtek ADAM 28260 Pine Haven WAY #82

BODITA SPRINGS FO

Addition

Addition

Change

☐ Change