

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90182 043 ***150.00

0080682

DOCUMENT # N00000000025

1. Entity Name

ESTATES OF PINEWOOD HOA INC.

Principal Place of Business

2100 WEST SR 434, SUITE C
 LONGWOOD FL 32779

Mailing Address

2100 WEST SR 434, SUITE C
 LONGWOOD FL 32779

C0066108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1175 SPRING CENTER SOUTH BLVD

3. Mailing Address

1175 SPRING CENTER SOUTH BLVD

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

ALTAMONTE SPRINGS

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

SEMIWOLE

Zip

32714

Country

SEMIWOLE

4. FEI Number

59-3709674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAISE, DOUGLAS

**2100 WEST SR 434, SUITE C
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1175 SPRING CENTER BLVD SOUTH, SUITE 200

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

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

Douglas S. Maise **DOUGLAS S. MAISE**

4/28/01

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

TITLE **PSTD** ☐ Delete
 NAME **MAISE, DOUGLAS**
 STREET ADDRESS **2100 WEST SR 434, SUITE C**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **VD** ☒ Delete
 NAME **MAISE, CHARLES**
 STREET ADDRESS **2100 WEST SR 434, SUITE C**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete
 NAME **NICHOLSON, LARRY**
 STREET ADDRESS **605 E. ROBINSON ST., SUITE 750**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1175 SPRING CENTER SOUTH BLVD, #200**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **LARRY DOWLING, TREASURER** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **605 E. ROBINSON, SUITE 750**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **JEFFRY PERUZZI, PRES.** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS **605 E. ROBINSON, SUITE 750**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE ☐ Change ☐ 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:

Douglas S. Maise **DIRECTOR DOUGLAS S. MAISE**

Date

4/28/01

Debit Phone #

407-682-7747

CR2E037 (10/00)