

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0097218

**DOCUMENT # N02000006253**

1. Entity Name  
**PINECREST AT INLET BEACH HOMEOWNERS ASSOCIATION, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 APR 30 PM 2:10

Principal Place of Business      Mailing Address  
2000 INTERSTATE PARK DR SUITE 300 MONTGOMERY AL 36109      2000 INTERSTATE PARK DR SUITE 300 MONTGOMERY AL 36109



CHECK HERE IF MAKING CHANGES

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  
**47-0887832**      Applied For  
Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**DUNSER, ALEX H  
122 ADRIATIC AVE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent  
Name: **Corporate Access, Inc.**  
Street Address (P.O. Box Number is Not Acceptable): **236 E. 6th Ave.**  
City: **Tallahassee**      FL      Zip Code: **32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dary Bennett*      DATE: 4/30/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POOLE, RONALD T</b> <input type="checkbox"/> Delete <b>2000 INTERSTATE PARK DR SUITE 300 MONTGOMERY AL 36109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARDWICH, ROBERT M JR</b> <input checked="" type="checkbox"/> Delete <b>2000 INTERSTATE PARK DR SUITE 300 MONTGOMERY AL 36109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUNSER, ALEX H</b> <input checked="" type="checkbox"/> Delete <b>PO BOX 611056 N/A ROSEMARY BEACH FL 32461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400017569864</b> <b>04/30/03--01027--013 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.L. McLeod, Jr</b> <b>2000 Interstate Park Dr #300</b> <b>Montgomery AL 36109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John W. Dorough</b> <b>2000 Interstate Park Dr #300</b> <b>Montgomery AL 36109</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE: *Dary Bennett*      DATE: 4/29/03      (334) 270-6638

CPDF037 (10/02)