2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03381

Entity Name: PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

New Principal Place of Business: Current Principal Place of Business: 6615 CATHY DRIVE PORT RICHEY, FL 34668 US **Current Mailing Address: New Mailing Address:** 6615 CATHY DRIVE PORT RICHEY, FL 34668 US FEI Number: 59-2482965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, NANCY 6615 CATHY DRIVE PORT RICHEY, FL 34668 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition COURNEYA, MARTIN, Name: Name: 6514 RUTH DR Address: Address: City-St-Zip: PORT RICHEY, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: ENDICOTT, CECIL Name: Address: 6519 ELEANOR DR Address: City-St-Zip: PORT RICHEY, FL City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, NANCY Name: Name: 6615 CATHY DRIVE Address: Address: City-St-Zip: PORT RICHEY, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHORTT, HARRY Name: 11318 ROHRMAN Address: Address: City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAINT, BILL WASHBURN, VIDA Name: Name: 6526 CATHY DR 11338 ROHRMAN Address: Address: PORT RICHEY, FL City-St-Zip: City-St-Zip: PORT RICHEY, FL 34668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY A. DAVIS MS 04/30/2002