

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 15, 2001 8:00 am
Secretary of State

01-26-2001 90163 021 ****61.25

DOCUMENT # N07707

1. Entity Name

PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM AS

Principal Place of Business

4801 LAKESIDE CLUB BLVD SE
FT MYERS FL 33905

Mailing Address

4801 LAKESIDE CLUB BLVD SE
FT MYERS FL 33905

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2534823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOE
C/O BECKER + POLIAKOFF, PA
13515 BELL TOWER DR SUITE 101
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	P	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, KENNETH C	
STREET ADDRESS	4762 BLACKBERRY LN	
CITY-ST-ZIP	FORT MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHWAB, GISELA	
STREET ADDRESS	9611-8 GREEN CYPRESS LANE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHAFER, TOM	
STREET ADDRESS	4641-9 LAKESIDE CLUB BLVD 9571-7 Green Cypress	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PYATT, CARL	
STREET ADDRESS	9650-9 GREEN CYPRESS LANE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	BERLINGER, TERRIE	
STREET ADDRESS	9540-24 GREEN CYPRESS LANE	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTRICK, JOHN	
STREET ADDRESS	9601-A WINDSOR CLUB CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Picciano	
STREET ADDRESS	9623 Windsor Club	
CITY-ST-ZIP	FT. MYERS, FL 33905	(5)
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Rosa	
STREET ADDRESS	4781-16 Lakeside Club Blvd	
CITY-ST-ZIP	FT. MYERS, FL 33905	(4)
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Sandomeno	
STREET ADDRESS	9970-20 Sailview Ct.	
CITY-ST-ZIP	FT. MYERS, FL 33905	(3)
TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schaffer, Tom	
STREET ADDRESS	9571-7 Green Cypress Lane	
CITY-ST-ZIP	FT. MYERS, FL 33905	(2)
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)