

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07707

1. Entity Name.

PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION, INC.

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

FILED
Aug 11, 2002 8:00 am
Secretary of State

02-11-2002 90130 026 ****61.25

08-11-2002 90171 024 ****61.25



DO NOT WRITE IN THIS SPACE

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

CHRISTOPHER J. SHIELDS

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

1833 HENDRY ST.

FT. MYERS, FL 33902-1507

City

FL

Zip Code

33902-1507

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 CHRISTOPHER J. SHIELDS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/02

After September 13, 2002,
min. will be \$236.25.

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 ☐ Delete
NAME PICCIANO, EUGENE
STREET ADDRESS 9623 WINDSOR CLUB
CITY-ST-ZIP FORT MYERS FL 33905

TITLE ☐ Delete
NAME ROSA, FRANK
STREET ADDRESS 4781-16 LAKESIDE CLUB BLVD
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☒ Delete
NAME SCHAFFER, TOM
STREET ADDRESS 9571-7 GREEN CYPRESS
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☒ Delete
NAME SANDOMENO, JOE
STREET ADDRESS 9970-20 SAILVIEW CT.
CITY-ST-ZIP FT MYERS FL 33905

TITLE ☐ Delete
NAME BERLINGER, TERRIE
STREET ADDRESS 9540-24 GREEN CYPRESS LANE
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ Delete
NAME SCHAFFER, TOM
STREET ADDRESS 9571-7 GREEN CYPRESS LANE
CITY-ST-ZIP FT MYERS FL 33905

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME TIP DEFEO, RONALD
STREET ADDRESS 9610-14 GREEN CYPRESS LANE
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE ☐ Change ☒ Addition
NAME P/P NORA HARMON
STREET ADDRESS 4743 BLACKBERRY DR
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE ☐ Change ☒ Addition
NAME S/D PATT, CARL
STREET ADDRESS 9650-9 GREEN CYPRESS LANE
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE ☒ Change ☐ Addition
NAME V/P/D SCHAFFER, TOM
STREET ADDRESS 9571-7 GREEN CYPRESS LANE
CITY-ST-ZIP FT. MYERS, FL 33905

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: N. SIGNATURE RONALD DEFEO President 7/16/02 239-699-0222

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CR2E037 (4/02)