

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90024 011 ****61.25

DOCUMENT # N41994

1. Entity Name

PINE RIDGE VILLAS CONDOMINIUM OWNERS ASSOCIATION

Principal Place of Business

6000 MATANZAS DRIVE
 SEBRING FL 33872
 US

Mailing Address

3107 MONZA DR
 SEBRING FL 33872-7641
 US

00030690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3049813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, B.R.
3107 MONZA DR
SEBRING FL 33872

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBBONS, ROB	
STREET ADDRESS	05 GAY CIRCLE	
CITY-ST-ZIP	KITCHENER ON	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STRAGAAN, JAMES	
STREET ADDRESS	118 VICTORIA AVE.	
CITY-ST-ZIP	LINDGAY ON	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLDHAM, ALICE	
STREET ADDRESS	6018 MATANZAS DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPP, LOWELL	
STREET ADDRESS	4819 5TH AVE	
CITY-ST-ZIP	KENOSHA, WI 53140	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTISON, KEIS	
STREET ADDRESS	42 PUMACUM CREEK	
CITY-ST-ZIP	GURAH, ONTARIO - NIK 1PL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO LOUJI, DONALD	
STREET ADDRESS	P.O. BOX 125	
CITY-ST-ZIP	60617A, MI 49927	
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		
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: LOWELL CLAPP **LOWELL CLAPP** **02-15-00** **941-385-6053**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)