

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90109 006 ****61.25

DOCUMENT # N41994

1. Entity Name

PINE RIDGE VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6000 MATANZAS DRIVE
 SEBRING FL 33872
 US**

**3107 MONZA DR
 SEBRING FL 33872
 US**

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

59-3049813

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: Delete
 NAME: **PD CLAPP, LOWELL**
 STREET ADDRESS: **4819 5TH AVE UNIT 1**
 CITY-ST-ZIP: **KENDSHA WI 58140-**

TITLE: Change Addition
 NAME: **KEWISHA, WI**
 STREET ADDRESS: **53140**
 CITY-ST-ZIP: **53140**

TITLE: Delete
 NAME: **VD OTTOSEN, KRIS**
 STREET ADDRESS: **42 DIMSCALE**
 CITY-ST-ZIP: **GURKVA, ONTARIO**

TITLE: Change Addition
 NAME: **30 HONEYUCKUS DR**
 STREET ADDRESS: **642 PH, ONTARIO CANADA N1G 4X7**
 CITY-ST-ZIP: **CANADA N1G 4X7**

TITLE: Delete
 NAME: **SD SARTORELLI, DONALD**
 STREET ADDRESS: **P.O. BOX 125**
 CITY-ST-ZIP: **GAASTRA MI 49927**

TITLE: Change Addition
 NAME: **P.O. BOX 123**
 STREET ADDRESS: **P.O. BOX 123**
 CITY-ST-ZIP: **P.O. BOX 123**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change 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 of Donald Sartorelli **2/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)