

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 013 ****61.25

DOCUMENT # N43168

1. Entity Name

PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIAT

Principal Place of Business

Mailing Address

2180 W. SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2180 W. SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2748277

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

HART, JAMES W JR
SENTRY MGMT INC
2180 W. SR 434 STE 5000
LONGWOOD FL 32779

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 NAME Delete
DP BROCK, DAN
 STREET ADDRESS **1228 BIG PINE DR**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME Change Addition
PD Ross, Laura
 STREET ADDRESS **3613 Pine Knot Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE NAME Delete
DS HOWSE, SANDY
 STREET ADDRESS **1356 BIG PINE DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME Change Addition
SD Raymond, Howard
 STREET ADDRESS **3612 Pine Knot Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE NAME Delete
DT ROSS, LAURA
 STREET ADDRESS **3613 PINE KNOT DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE NAME Change Addition
TD Leonard, Charma
 STREET ADDRESS **3611 Pine Knot Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition
D Mallon, Sue
 STREET ADDRESS **3603 Pine Knot Drive**
 CITY-ST-ZIP **Valrico FL 33594**

TITLE NAME Delete

TITLE NAME Change Addition

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

[Signature]
 Date **2/28/2001** (813) 685-9451
 Daytime Phone #

CR2E037 (10/00)

C0043338



DO NOT WRITE IN THIS SPACE