

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90128 003 \*\*\*\*61.25

**DOCUMENT # N43168**

1. Entity Name

**PINE GROVE CONDOMINIUMS AT BLOOMINGDALE ASSOCIATION, INC.**

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

00101010



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

**59-2748277**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSS, LAURA	
STREET ADDRESS	3813 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, HOWARD	
STREET ADDRESS	3612 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, CHARMA	
STREET ADDRESS	3611 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLON, SUE	
STREET ADDRESS	3603 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLON, SUE	
STREET ADDRESS	3603 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZZUCCA, PATRICIA	
STREET ADDRESS	3602 PINE KNOT DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD, BILL	
STREET ADDRESS	1036 GUILLES ROAD	
CITY-ST-ZIP	BRANDON, FL 33511	
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: *Patricia Mazzucca* - President 2/27/02 813-653-9315  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PATRICIA MAZZUCCA  
 Date: 2/27/02 Daytime Phone #

CR2E037 (9/01)