2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90062 022 ****61.25

DOCUMENT # N93000000156(0)

Entity Name

PI IN TRACE CONDOMINIUM NO. 9 ASSOCIATION,

Principal Place of Business	Mailing Address
Management Connection, Inc College Parkway, Suite 103 Myers, Florida 33919	The Management Connection, Inc 8270 College Parkway, Suite 103 Fort Myers, Florida 33919

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0460778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

[redacted]

7. Name and Address of New Registered Agent

Name
Street
City

FREDEN, ARLENE A.
c/o the MANAGEMENT CONNECTION, INC
8270 COLLEGE PKWY #103
FORT MYERS, FL. 33919

Zip Code

above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Arlene A. Freden CAM Registered Agent for STD 3/15/2000

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

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD CENTINED, ROSE 14451 LAKEWOOD TRACE CT #104 FORT MYERS, FL 33919 ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP VD VILORIA, CLAUDIA 14451 LAKEWOOD TRACE CT #204 FORT MYERS, FL 33919 ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP STD JOHNSON, MARGARET 14451 LAKEWOOD TRACE CT. #101 FORT MYERS, FL 33919 ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete ST ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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 Rose Centined Rose Centined 3/11/00 432-0132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #