

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 193000000617

FILED

1. Entity Name
Pine Island Bay Homeowners Association

00 JUL 14 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 4352 SW 84th Terr. 3. Mailing Address 4352 SW 84th Terr.
Suite, Apt. #, etc.

03/14/00 90057 011 \$61.25

City & State DAVIE, FL. City & State DAVIE FL.
Zip 33328 Country USA Zip 33328 Country USA

4. FEI Number 104-0414697 Applied For Not Applicable
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
Name Doreen Corti
Street Address (P.O. Box Number is Not Acceptable) 4352 SW 84th Terr.
City DAVIE FL Zip Code 33328

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 Doreen Corti Doreen Corti Treasurer 3-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 STREET ADDRESS CITY-ST-ZIP	<u>President Barbara Caballero D</u> <u>4352 SW 84th Terr. DAVIE, FL. 33328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Joe Salviaanga D</u> <u>4352 SW 84th Terr. DAVIE FL. 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Carol Whitlow</u> <u>4352 SW 84th Terr. DAVIE, FL 33328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>UBIRAJARA SAKANO D</u> <u>4352 SW 84th Terr. DAVIE, FL 33328</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Nancy Corti</u> <u>4352 SW 84th Terr. DAVIE FL 33328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Doreen Corti D</u> <u>4352 SW 84th Terr. DAVIE FL 33328</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Doreen Corti Doreen Corti 3-8-00 475-3086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De-licence Profile #

CR2E037 (9/99)