

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90130 033 ****61.25

DOCUMENT # *N93000000617*

1. Entity Name
*Pine Island Bay
Horticulturists Association INC*



DO NOT WRITE IN THIS SPACE

20005356

2. Principal Place of Business		3. Mailing Address	
<i>Swift Management & Solutions Suite, Apt. #, etc. 1750 University Dr. #205 Coral Springs, FL 33071</i>		<i>Swift Management & Solutions Suite, Apt. #, etc. 1750 University Dr. #205 Coral Springs, FL 33071</i>	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-0414697</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name <i>Swift Management & Solutions</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1750 University Dr. #205</i>	
City <i>Coral Springs, FL 33071</i>	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicola Swift* **NICOLA SWIFT** *1/7/03*
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PR19 BARBARA Caballero 4352 SW 84 TER DAVE FL 33328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D JOSEPH SALVANO 4352 SW 84 TER DAVE FL 33328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD UBIRA SAKANO 4352 SW 84 TER DAVE FL 33328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TP RUTH DORR 4352 SW 84 TER DAVE FL 33328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P RANAY CLOTT 4352 SW 84 TER DAVE FL 33328</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Salvano* **1/7/03** **9543416340**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)