

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90003 034 \*\*\*\*61.25

**DOCUMENT # N95000001855**

1. Entity Name

**PINE RIDGE HOLLOW PHASE II HOMEOWNERS' ASSOCIATI**

Principal Place of Business

Mailing Address

**444 W NEW ENGLAND AVE  
 STE B  
 WINTER PARK FL 32789**

**444 W NEW ENGLAND AVE  
 STE B  
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3342844**

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

**SMITH, ADAM D  
 444 W NEW ENGLAND AVE STE B  
 WINTER PARK FL 32789**

Name **Marc Davis**

Street Address (P.O. Box Number is Not Acceptable)

**444 W. New England Ave**

**Suite B**

City **Winter Park, FL**

**FL**

Zip Code **32789**

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

*Marc Davis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-26-01**

**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 STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, RICHARD 6915 NEDDLE POINTE DR. ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINEIRO, JOSE 6934 LONG NEEDLE CT ORLANDO FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, DILIA 6985 LONG NEEDLE CT. ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, ANA 6926 LONG NEDLE CT ORLANDO FL 32822	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ana Cruz 6926 Long Needle Ct. Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jose Pineiro 6934 Long Needle Ct. Orlando, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 information empowered.

SIGNATURE:

*Ana Cruz*

**3-26-01**

**407-647-2622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #