

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90037 002 ****61.25

DOCUMENT # 753846

1. Entity Name

THE PINES AT WOODMONT - III CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318-9013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0822401

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

Castle Management, Inc.

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

City

FL

Zip Code

~~CASTLE PROPERTY SERV~~
**4450 S. SUNRISE
SUITE C-100
PLANTATION FL 33313**

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

Gail H. Sangunett

Gail H. Sangunett, Vice President

1/28/00

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 **VD** ☐ Delete
NAME **RUBIN, ALLEN**
STREET ADDRESS **7907 HIBISCUS CT.**
CITY-ST-ZIP **TAMARAC FL**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **KRAUS, HERBERT**
STREET ADDRESS **7908 HIBISCUS WAY**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARKSHEID, MAC**
STREET ADDRESS **7912 HIBISCUS CR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **MD** ☒ Change ☐ Addition
NAME **Marksheid, Mac**
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SILVERS, RALPH**
STREET ADDRESS **8112 HIBISCUS CIRCLE**
CITY-ST-ZIP **TAMARAC FL**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FRIEDMAN, ABE**
STREET ADDRESS **8110 HIBISCUS CT.**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mac Marksheid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mac Marksheid, President 1/28/00 (954) 792-6000

Date

Daytime Phone #

CR2E037 (9/99)