

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002890

1. Entity Name

PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90151 021 ****61.25

Principal Place of Business

Mailing Address

4252 PINE HOLLOW CIR
GREEN ACRES FL 33463
US

4252 PINE HOLLOW CIR
GREEN ACRES FL 33463-4376
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 540903

P.O. Box 540903

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lake Worth, FL

Lake Worth, FL

City & State

City & State

33454

33454

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0783947

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

BRISSON, DANIEL
4252 PINE HOLLOW CIR
GREEN ACRES FL 33463

Name

Michael Quinn

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

~~P.O. Box 5~~ 4228 Pine Hollow Circle

City

Greenacres

FL

Zip Code

33463

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/18/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BRISSON, DANIEL B 4252 PINE HOLLOW CIR GREEN ACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD D'AMBROSIA, NICK 4252 PINE HOLLOW CIR GREEN ACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRISSON, RHONDA 4252 PINE HOLLOW CIR GREEN ACRES FL 33463	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOURING, C. ANNELIES 4252 PINE HOLLOW CIR GREEN ACRES FL 33463	<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	DP Michael Quinn 4228 Pine Hollow Circle Greenacres, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI Jeff Felner 4236 Pine Hollow Circle Greenacres, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Colleen D'Ambrosio 4244 Pine Hollow Circle Greenacres, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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: *Colleen D'Ambrosio* 4/10/00 (561)641-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)