

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90005 027 \*\*\*\*61.25

**DOCUMENT # N02457**

1. Entity Name

**PINEBROOK TOWNE HOUSE ASSOCIATION, INC.**

Principal Place of Business

**7850 ULMERTON ROAD  
SUITE 1  
LARGO FL 33771  
US**

Mailing Address

**7850 ULMERTON ROAD  
SUITE 1  
LARGO FL 33771  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2478096**

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

**HOLIDAY ISLES ROBERT BABCOCK  
1850 ULMERTON ROAD SUITE 1  
LARGO FL 33771**

Name

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

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.

SIGNATURE

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	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, CANDI	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Jahren	
STREET ADDRESS	17715 Gulf Blvd. #911	
CITY-ST-ZIP	St. Petersburg, FL 33708	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOOD, DAVID	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zoe Mauriello	
STREET ADDRESS	8323 42nd Avenue N	
CITY-ST-ZIP	St. Petersburg, FL 33709	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUIDRY, ADRIENE	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	JULIAN, GARY	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	JULIAN, EVE	
STREET ADDRESS	7850 ULMERTON RD., STE. 1	
CITY-ST-ZIP	LARGO FL 33771	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRASSICK, JENNIFER	
STREET ADDRESS	6721 121 AVE N #C	
CITY-ST-ZIP	LARGO FL 33773	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matt Stevenson	
STREET ADDRESS	6220 121st Avenue N #2	
CITY-ST-ZIP	Largo, FL 33773	

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01 727.530.4517

Date

Daytime Phone #

CR2E037 (10/00)