

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006440

1. Entity Name

PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION,

Principal Place of Business

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART JR, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

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

TITLE PD
NAME HOLLO, WAYNE
STREET ADDRESS 2816 E ROBINSON ST, STE 200
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE STD
NAME PARKER, LINDA
STREET ADDRESS 2816 E ROBINSON ST # 200
CITY-ST-ZIP ORLANDO FL 32803 ☒ Delete

TITLE VD
NAME HOLLO, JEROME
STREET ADDRESS 444 BRICKELL AVEN STE 530
CITY-ST-ZIP MIAMI FL 33101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Simmons-Tejada, Jacqueline
STREET ADDRESS 3055 Pineda Drive
CITY-ST-ZIP Orlando, FL 32822 ☐ Change ☒ Addition

TITLE VD
NAME Fondeur, Felix
STREET ADDRESS 7622 Pine Nest Court
CITY-ST-ZIP Orlando, FL 32822 ☐ Change ☒ Addition

TITLE SD
NAME Perez, Neftali
STREET ADDRESS 7595 Pine Fork Drive
CITY-ST-ZIP Orlando, FL 32822 ☐ Change ☒ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90029 040 *****61.25

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DO NOT WRITE IN THIS SPACE

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