NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
05-30-2002 91599 035 ****61.25

DOCUMENT # N35547

1. Entity Name
THE LINKS AT PINEBROOK OWNERS ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

- 37832

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8726 Cortez Rd W Suite, Apt. #, etc. PMB 227
City & State	City & State Bradenton, FL
Zip / Country	Zip 34210 / Country Manatee

4. FEI Number 65 0209179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JANET L. HEFFINGTON

Street Address (P.O. Box Number is Not Acceptable)
3930 PINEBROOK CIRCLE

City Bradenton, FL 34209 **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 _____ 5/24/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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 William Dunbeck STREET ADDRESS 3760 Pinebrook Cir #4 CITY-ST-ZIP Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME Jim MacMillan STREET ADDRESS 3790 Pinebrook Cir #103 CITY-ST-ZIP Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD NAME Millie Blise STREET ADDRESS 3780 Pinebrook Cir #605 CITY-ST-ZIP Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD NAME Pat Dunbeck STREET ADDRESS 3770 Pinebrook Cir #4 CITY-ST-ZIP Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE D NAME Ed Hug STREET ADDRESS 3780 Pinebrook Cir #605 CITY-ST-ZIP Bradenton, FL 34209		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Agent 5/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #