

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90137 028 ****61.25

DOCUMENT # 732325

1. Entity Name
PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
**% CONDO MANAGEMENT ALTERNATIVE, INC.
9365 W. SAMPLE RD. SUITE 203-A
CORAL SPRINGS FL 33065**

Mailing Address
**% CONDO MANAGEMENT ALTERNATIVE, INC.
9365 W. SAMPLE RD. SUITE 203-A
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

P.O. Box 8506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CORAL SPRINGS, FL

Zip

Country

Zip

Country

33075

4. FEI Number **59-1788145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAATHOFF, NANCY
C/O CONDO MANAGEMENT ALTERNATIVE
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHIARELLI, MADELYN	
STREET ADDRESS	9365 W SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ETIENNE, SANDY	
STREET ADDRESS	9365 W. SAMPLE RD #203	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SILVERSTEIN, IRA	
STREET ADDRESS	9365 W. SAMPLE RD #203	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERSTEIN, IRA	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHIETTI, MILLIE	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIARELLI, MADELYN	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ETIENNE, SANDY	
STREET ADDRESS	P.O. BOX 8506	
CITY-ST-ZIP	CORAL SPRINGS, FL 33075	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:
3/26/03 **954-752-4796**