

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91384 012 ****61.25

DOCUMENT # N96000002890

1. Entity Name

PINE HOLLOW ESTATES HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business

**PO BOX 540903
LAKE WORTH FL 33454
US**

Mailing Address

**PO BOX 540903
LAKE WORTH FL 33454
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0783947**

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

**D'AMBROSIO, COLLEEN
4244 PINE HOLLOW CIRCLE
GREENACRES FL 33463**

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

SIGNATURE

Colleen D'Ambrosio

4/23/03

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

TITLE **TD** ☐ Delete
NAME **D'AMBROSIO, COLLEEN**
STREET ADDRESS **4244 PINE HOLLOW CIRCLE**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE **SD** ☐ Delete
NAME **MOURING, C. ANNELIES**
STREET ADDRESS **4252 PINE HOLLOW CIR**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE **VPD** ☒ Delete
NAME **HERNANDEZ, ANGELO**
STREET ADDRESS **4165 PINE HOLLOW CIRCLE**
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☒ Addition
NAME **VPD Card Deletrillo**
STREET ADDRESS **4195 Pine Hollow Circle**
CITY-ST-ZIP **Greenacres, FL 33463**

TITLE ☐ Change ☒ Addition
NAME **PD Rick Steinkaver**
STREET ADDRESS **4148 Pine Hollow Circle**
CITY-ST-ZIP **Greenacres, FL 33463**

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

TITLE ☐ Change ☐ 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:

Colleen D'Ambrosio

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)