

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90135 027 \*\*\*\*\*61.25

**DOCUMENT # N96000006440**

1. Entity Name

**PINE RIDGE HOLLOW EAST HOMEOWNERS' ASSOCIATION, INC.**



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

**135 W. Pineview Street**

Suite, Apt. #, etc.

3. Mailing Address

**135 W. Pineview Street**

Suite, Apt. #, etc.

**11029724**



☐ CHECK HERE IF MAKING CHANGES

City & State

**Altamonte Springs, FL**

City & State

**Altamonte Springs, FL**

4. FEI Number **59-3228360**

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

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 **PRESIDENTIAL GROUP SOUTH, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**135 W. Pineview Street**

City

**Altamonte Springs**

FL

Zip Code  
**32714**

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

**ANTHONY GUADAGNINO**

*President*

**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 **PD** ☐ Delete  
NAME **CASTRO, YOLANDA**  
STREET ADDRESS **7531 PINE FORK DR**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **VD** ☒ Delete  
NAME **TORRES, RICKEY**  
STREET ADDRESS **7668 PINE FORK DR**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **SD** ☒ Delete  
NAME **RAMIREZ, JOSE R**  
STREET ADDRESS **7859 PINE FORK DR**  
CITY-ST-ZIP **ORLANDO FL 32822**

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 **V,D** ☐ Change ☒ Addition  
NAME **DOVER, GREGORY**  
STREET ADDRESS **3019 Pineda Dr**  
CITY-ST-ZIP **Orlando FL 32822**

TITLE **T,D** ☐ Change ☒ Addition  
NAME **WILFORD, GARY**  
STREET ADDRESS **7871 PINE FORK DR**  
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **S,D** ☐ Change ☒ Addition  
NAME **DOVER, Tammy**  
STREET ADDRESS **3019 Pineda Dr**  
CITY-ST-ZIP **ORLANDO, FL 32822**

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:

*Signature* **ANTHONY GUADAGNINO**

**4/23/03**

CR2E037 (10/02)