2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001149

Entity Name: PINEBROOK PRESERVE CONDOMINIUM OWNERS

ASSOCIATION, INC.

Current Principal Place of Business:

9040 TOWN CENTER PARKWAY

SUITE 200

LAKEWOOD RANCH, FL 34202

Current Mailing Address:

C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE200 LAKEWOOD RANCH, FL 34202 US

FEI Number: 16-1692017 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200

LAKEWOOD RANCH, FL 34202 US

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: WILLIAM ASHBY 04/11/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

200

Title SECRETARY Title DIRECTOR

Name STELLE, TERRY Name KEITH, DARYLE

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

9040 TOWN CENTER PARKWAY SUITE 9040 TOWN CENTER PARKWAY SUITE

:

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

Title PRESIDENT Title TREASURER

Name FAUTEUX, LORI Name GIORDANO, DIANE

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT

9040 TOWN CENTER PARKWAY SUITE 9040 TOWN CENTER PARKWAY SUITE

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

Title VP Title ASST. SECRETARY
Name CHRISTOPHER, JAACKS Name ASHBY, WILLIAM

Address C/O GULF COAST COMMUNITY Address C/O GULF COAST COMMUNITY

MANAGEMENT MANAGEMENT MANAGEMENT

9040 TOWN CENTER PARKWAY SUITE 9040 TOWN CENTER PARKWAY SUITE

200

City-State-Zip: LAKEWOOD RANCH FL 34202 City-State-Zip: LAKEWOOD RANCH FL 34202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ASHBY RA 04/11/2021

FILED Apr 11, 2021

Secretary of State

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