

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003522

FILED
Apr 11, 2021
Secretary of State
2538574448CC

Entity Name: PINEBROOK PRESERVE MASTER 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 SUITE 200
LAKEWOOD RANCH, FL 34202 US

FEI Number: 51-0505062

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 :

Title	DIRECTOR	Title	TREASURER
Name	FANOLIS, GEORGE	Name	FAUTEUX, LORI
Address	C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200	Address	C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200
City-State-Zip:	LAKEWOOD RANCH FL 34202	City-State-Zip:	LAKEWOOD RANCH FL 34202
Title	VP	Title	SECRETARY
Name	MARTIN, DARIN	Name	STELLE, TERRY
Address	C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200	Address	C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200
City-State-Zip:	LAKEWOOD RANCH FL 34202	City-State-Zip:	LAKEWOOD RANCH FL 34202
Title	PRESIDENT	Title	ASST. SECRETARY
Name	SHERMAN, FRAN	Name	ASHBY, WILLIAM
Address	C/O GULF COAST COMMUNITY MANAGEMENT 9040 TOWN CENTER PARKWAY SUITE 200	Address	C/O GULF COAST COMMUNITY MANAGEMENT 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

Electronic Signature of Signing Officer/Director Detail

Date