2001 UNIFORM BUSINESS REPORT (UBR)

SAIGKINIGHT

Sep 10, 2001 8:00 am Secretary of State **DOCUMENT # 716028** 09-10-2001 90044 039 ****61.25 PINE AIR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 815 RIDGE RD 815 RIDGE RD UUU62912 LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0082966 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KNIGHT, R A 815 RIDGE ROAD APT #1 Zip Code City LANTANA FL 33462 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 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Change ☐ Addition TIT1 F TITLE KNIGHT, R.A. NIKANDER, M E NAME NAME 815 RIDGE RD. #1 STREET ADDRESS 570 SW SOUTH RIVER DR #102 STREET ADDRESS CITY-ST-ZIP LANTANA FL. 33462 CITY-ST-ZIP STUART FL 34997 TD Delete Change ☐ Addition TITLE TITLE TD. JOHN VOLT VOGT 815 RIDGE RD, 2 LANTANA, EL. 33462 KNIGHT, R A NAME NAME STREET ADDRESS 815 RIDGE RD #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462= ☐ Change ☐ Addition TITLE ☐ Delete TITLE KNIGHT, R A NAME 10 815 RIDGE RD #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 Change Delete ☐ Addition TITLE TITLE GEORGE RYNKIWICZ VOGT, JOHN NAME NAME STREET ADDRESS 815 RIDGE RD #7 STREET ADDRESS 815 RIDGE RD. 5 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED

9-3-01

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