

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90009 035 ****61.25

DOCUMENT # 732325

1. Entity Name

PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONDO MANAGEMENT ALTERNATIVE, INC.
 9365 W. SAMPLE RD. SUITE 203-A
 CORAL SPRINGS FL 33065

% CONDO MANAGEMENT ALTERNATIVE, INC.
 9365 W. SAMPLE RD. SUITE 203-A
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1788145

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

7. Name and Address of New Registered Agent

SAATHOFF, NANCY
C/O CONDO MANAGEMENT ATLERNATIVE
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

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.

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
 NAME **RUSS DESTRO**
 STREET ADDRESS **3340 NW 85TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **CHIARELLI, MADELYN**
 STREET ADDRESS **9365 W. SAMPLE ROAD**
 CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **PD** ☒ Delete
 NAME **MADELYN CHIARELLI**
 STREET ADDRESS **3350 NW 85TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **DESTRO, RUSS**
 STREET ADDRESS **9365 W. SAMPLE ROAD**
 CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE **SVD** ☒ Delete
 NAME **SILVERSTEIN, AMY**
 STREET ADDRESS **3334 NW 85 AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **VSD** ☐ Change ☒ Addition
 NAME **SILVERSTEIN, AMY**
 STREET ADDRESS **9365 W. SAMPLE ROAD**
 CITY-ST-ZIP **CORAL SPRINGS, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

12. I hereby certify indicated on t of the corpora changed, or o

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)