

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90137 028 \*\*\*\*61.25

**DOCUMENT # 732325**

1. Entity Name  
**PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business  
**% CONDO MANAGEMENT ALTERNATIVE, INC.  
9365 W. SAMPLE RD. SUITE 203-A  
CORAL SPRINGS FL 33065**

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



2. Principal Place of Business

3. Mailing Address

**P.O. Box 8506**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CORAL SPRINGS, FL**

Zip

Country

Zip

Country

**33075**

4. FEI Number **59-1788145**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SAATHOFF, NANCY  
C/O CONDO MANAGEMENT ALTERNATIVE  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | CHIARELLI, MADELYN     |                                            |
| STREET ADDRESS | 9365 W SAMPLE ROAD     |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL       |                                            |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ETIENNE, SANDY         |                                            |
| STREET ADDRESS | 9365 W. SAMPLE RD #203 |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065 |                                            |
| TITLE          | VSD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SILVERSTEIN, IRA       |                                            |
| STREET ADDRESS | 9365 W. SAMPLE RD #203 |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS FL 33065 |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SILVERSTEIN, IRA        |                                                                              |
| STREET ADDRESS | P.O. BOX 8506           |                                                                              |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33075 |                                                                              |
| TITLE          | VB                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICHIETTI, MILLIE       |                                                                              |
| STREET ADDRESS | P.O. BOX 8506           |                                                                              |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33075 |                                                                              |
| TITLE          | SD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CHIARELLI, MADELYN      |                                                                              |
| STREET ADDRESS | P.O. BOX 8506           |                                                                              |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33075 |                                                                              |
| TITLE          | TD                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ETIENNE, SANDY          |                                                                              |
| STREET ADDRESS | P.O. BOX 8506           |                                                                              |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 33075 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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:**   
**3/26/03** **954-752-4796**