2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733844

1. Entity Name

PINE POINT VILLAS ASSOCIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90181 015 ****61.25

Principal Place of Business	Mailing Address
3310 LOREN ROAD BOYNTON BEACH FL 33435-8578	3310 LOREN ROAD BOYNTON BEACH FL 33435-1514

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1591216 ☐ Applied For ☐ Not Applicable

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
KLINE, CHARLES F 831 NORTH DIXIE HWY LAKE WORTH FL 33460	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIDATO, LOUIS 101-A BAYVIEW AVE BOYNTON BCH. FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRAGO, MARY 311-A COUNTRY LANE BOYNTON BCH. FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ABBONDANDOLO, MARIE 311-D PINE POINT DR. BOYNTON BCH. FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARTMAN, BERNICE L 3330-C POST ROAD BOYNTON BCH. FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLINARO, MADELEINE 3331-B POST ROAD BOYNTON BEACH FL 33435	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHALINSKY, ELLEN 301 PINE POINT DRIVE BOYNTON BEACH, FL. 33435 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERRUCCIO, JOSEPH 3230-D PARK LANE BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: [signature] President 3/28/00 (561) 585-3780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REQUIRED