

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**  
 04-05-2001 90008 017 \*\*\*\*61.25

**DOCUMENT # 734234**

1. Entity Name

**PINEBROOK SOUTH HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**1343 FEATHER BED LANE  
 VENICE FL 34292  
 US**

Mailing Address

**P.O. BOX 1325  
 VENICE FL 34284  
 US**

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

**59-2009425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BERG, SKIP  
 1872 S TAMiami TRAIL  
 SUITE D  
 VENICE FL 34293**

7. Name and Address of New Registered Agent

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

TITLE **S** ☒ Delete  
 NAME **SMUMMA, ESTHER**  
 STREET ADDRESS **1023 WHISPERINGLA**  
 CITY-ST-ZIP **VENICE FL**

TITLE **P** ☒ Delete  
 NAME **FIOLA, FRANK**  
 STREET ADDRESS **1217 SLOPPY HOLLOW RD**  
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☒ Delete  
 NAME **MUMMA, WARREN**  
 STREET ADDRESS **1323 WHISPERING LA.**  
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☒ Delete  
 NAME **YOUNG, BRAIN**  
 STREET ADDRESS **1244 HUENYA AVE**  
 CITY-ST-ZIP **VENICE FL**

TITLE **T** ☒ Delete  
 NAME **SWETT, DAVID**  
 STREET ADDRESS **1226 SCHOONER LN.**  
 CITY-ST-ZIP **VENICE FL**

TITLE **D** ☒ Delete  
 NAME **SENSIVERI, DAN**  
 STREET ADDRESS **1211 LUEAYA AV**  
 CITY-ST-ZIP **VENICE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **FRANK FIOLA**  
 STREET ADDRESS **1220 PINE NEEDLE RD**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **DANIEL SPIER**  
 STREET ADDRESS **1253 WATERSIDE LN**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **SECRETARY** ☒ Change ☐ Addition  
 NAME **ESTHER MUMMA**  
 STREET ADDRESS **1339 PINEBROOK WAY**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **WARREN MUMMA**  
 STREET ADDRESS **1339 PINEBROOK WAY**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **BRAIN YOUNG**  
 STREET ADDRESS **1244 LUCAYA AVE**  
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **DANIEL SANSIVERI**  
 STREET ADDRESS **1211 LUCAYA AVE**  
 CITY-ST-ZIP **VENICE, FL 34292**

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: **DANIEL J. SPIER** 4/2/01 941-484-2551  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)