

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90175 008 ****61.25

DOCUMENT # 736165

1. Entity Name

**PINE RIDGE ESTATES PROPERTY OWNER'S ASSOCIATION,
INCORPORATED**



Principal Place of Business

**1011 NE 48 RD
OCALA FL 34470-1107
US**

Mailing Address

**PO BOX 820
SILVER SPRINGS FL 34488
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 **59-1764264**

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

**WILKINSON, MIKE
4731 NE 10TH ST
OCALA FL 34470**

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** ☐ Delete
NAME **RICE, GAIL M**
STREET ADDRESS **4830 NE 11TH ST**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **DT** ☐ Delete
NAME **WILKINSON, MIKE**
STREET ADDRESS **4731 NE 10 ST**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **VPD** ☒ Delete
NAME **MACISAAC, DAWN**
STREET ADDRESS **4801 NE 10 ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **VICE PRES** ☒ Change ☐ Addition
NAME **LARRY BILLINGTON**
STREET ADDRESS **4921 NE 8 ST.**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **DV** ☐ Delete
NAME **RAUSE, MAVIS**
STREET ADDRESS **815 NE 48TH AVE**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **D** ☐ Delete
NAME **GARRISON, CELIA**
STREET ADDRESS **910 NE 48TH AVE**
CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **SD** ☐ Delete
NAME **NICHOLS, TED**
STREET ADDRESS **4710 N.E. 10TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **SEC** ☒ Change ☐ Addition
NAME **CURTIS CHEVALIER**
STREET ADDRESS **710 N.E. 48 AVE RD**
CITY-ST-ZIP **OCALA, FL 34470**

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]*

4/20/03 352 804-0249

CR2E037 (10/02)