

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91632 009 ****61.25

DOCUMENT # 742216

1. Entity Name

CABAL PINE SOUTH ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2840 SW 22ND AVE
 DELRAY BEACH FL 33445
 US**

**2840 SW 22ND AVE
 DELRAY BEACH FL 33445
 US**

430392



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

59-1932728

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

**DIONNE, AUDREY
 2960 SW 22ND AVE
 #802
 DELRAY BEACH FL 33445**

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 Audrey Dionne PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

Audrey Dionne

(NOTE: Registered Agent signature required when reinstating)

5/1/2002
 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 **D** ☒ Delete
 NAME **FEMINELLA, ANNETTE**
 STREET ADDRESS **2940 SW 22 AVE. #712**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☐ Delete
 NAME **HAND, JILL**
 STREET ADDRESS **2820 SW 22ND AVE # 212**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **P** ☐ Delete
 NAME **DIONNE, AUDREY**
 STREET ADDRESS **2960 S.W. 22ND AVE., #802**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **DT** ☐ Delete
 NAME **WOODIE, DAUST**
 STREET ADDRESS **2840 SW 22ND AVE #112**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☒ Delete
 NAME **MIRIZIO, CONRAD**
 STREET ADDRESS **2920 S.W. 22ND AVE., #605**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☒ Delete
 NAME **WELLER, RICHARD**
 STREET ADDRESS **2900 SW 22ND AVE # 510**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **D** ☒ Change ☐ Addition
 NAME **Linda Arzyle**
 STREET ADDRESS **2940 SW 22ND Ave #712**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

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

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

TITLE **D** ☒ Change ☐ Addition
 NAME **JOE PARDI**
 STREET ADDRESS **2920 SW 22ND Ave. # 615**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☒ Change ☐ Addition
 NAME **Florence McRAE**
 STREET ADDRESS **2860 SW 22ND Ave # 418**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (561) 265-1076
 Date Daytime Phone #

CR2E037 (9/01)