2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749166

1. Entity Name

GOLF N' PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3860 MALEC CIR. SARASOTA FL 34233 US	3860 MALEC CIR. SARASOTA FL 34233-2132 US

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 59-2052373 — 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
PEZZELLA, MARIO 3860 MALEC CIR SARASOTA FL 34233	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	**D** MARTIN, HOWARD 2900 CLAARK RD. SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**TD** PEZZELLA, MARIO M 3860 MALEC CIR SARASOTA FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**SD** DUNCAN, BENNICE 6300 MIDNIGHT PASS RD. SARSOTA FL 34242	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**D** DE HART, ANGALA 6222 BUCKINGHAM ST SARASOTA FL 34238	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**D** PEZZELA, MARIO V 3860 MALEC CIR SARASOTA FL 34231	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Murray Pezzella_ RECORDED Pezzella   2-2-00   941-924-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #