

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90019 019 ****61.25

908032



DO NOT WRITE IN THIS SPACE

DOCUMENT # 749166

1. Entity Name
GOLF N' PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
3860 MALEC CIR. **3860 MALEC CIR.**
SARASOTA FL 34233 **SARASOTA FL 34233**
US **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 **59-2052373** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEZZELLA, MARIO
3860 MALEC CIR
SARASOTA FL 34233

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D MARTIN, HOWARD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2900 CLARK RD.		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	
TITLE NAME TD PEZZELLA, MARIO M	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3860 MALEC CIR		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34233		CITY-ST-ZIP	
TITLE NAME SD DUNCAN, BENNICÉ	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6300 MIDNIGHT PASS RD.		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34242		CITY-ST-ZIP	
TITLE NAME D DE HART, ANGALA	<input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6222 BUCKINGHAM ST		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34238		CITY-ST-ZIP	
TITLE NAME D PEZZELLA, MARIO V	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3860 MALEC CIR		STREET ADDRESS	D PEZZELLA, MARIO V 3726 MOUNDY RIDGE DR
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	SARASOTA, FL. 34233
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 OF MARIO PEZZELLA Date: 1-26-01 Daytime Phone #: 741-9243228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)