FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State DOCUMENT # 750598 1. Entity Name CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FORES 01-30-2001 90023 041 ****61.25 Principal Place of Business Mailing Address P.O. BOX 10067 P.O. BOX 10067 **BRADENTON FL 34282** 908209 **BRADENTON FL 34282** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2111138 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARMONY MANAGEMENT, INC 4400 EL CONQUISTAGORE PARKWAY **BRADENTON FL 34282** City Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW: \$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition SD CAROLYN NOIAN ☐ Change Delete TITLE TITLE SHINN, GLADYS 7907 45 AVE. W. NAME NAME STREET ADDRESS 7722 4TH AVENUE WEST STREET ADDRESS BRADENION, Fl. 34209 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Delete ☐ Addition TITLE TITLE BRUCE O'DEA NIETZEL, RICHARD NAME NAME 1913 45 Ave W. STREET ADDRESS STREET ADDRESS 8011 4TH AVENUE WEST BRADENIEN, Fl. 34209 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL MIA TREUDE **VPT** Change ■ Addition TITLE M Delete TITLE PERITZ, RICHARD NAME NAME 8013 44 AM. W. STREET ADDRESS STREET ADDRESS 7628 4TH AVENUE WEST BRADENON, FI CITY-ST-ZIP CITY-ST-ZIP 34209 **BRADENTON FL** Change ☐ Addition Delete. TITLE Jim Hus BANDS TITLE KAEMMERLAW, JOANNE NAME NAME P.O. BOX 218 STREET ADDRESS STREET ADDRESS 7818 4TH AVENUE WEST CITY-ST-ZIP ANNA MAYELA, Fl 34216 CITY-ST-ZIP **BRADENTON FL** M Addition ☐ Delete TITLE ☐ Change TITLE NILSSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 7410 4TH AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** PEGGY MAZZA 1002 92md. St. N. W. Change Change ☐ Addition TITLE TITLE Delete Delete COCORAW, JIM NAME NAME STREET ADDRESS STREET ADDRESS 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. 7512 4TH AVENUE WEST CITY-ST-ZIP

Davtime Phone #