

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

003404

DOCUMENT # 750598

1. Entity Name

**CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FORES
T, INC.**

04-09-2002 90029 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 10067
BRADENTON FL 34282

P.O. BOX 10067
BRADENTON FL 34282

2. Principal Place of Business

3. Mailing Address

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON, FL 34210

HARMONY MANAGEMENT
4400 EL CONQUISTADOR PKWY
BRADENTON, FL 34210



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2111138

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

HARMONY MANAGEMENT, INC
4400 EL CONQUISTAGORE PARKWAY
BRADENTON FL 34282

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	SD	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, CAROLYN	
STREET ADDRESS	7907 4TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'DEA, BRUCE	
STREET ADDRESS	7913 4TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREUDE, MIA	
STREET ADDRESS	8013 4TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSBANDS, JIM	
STREET ADDRESS	P.O. BOX 218	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NILSSON, RICHARD	
STREET ADDRESS	7410 4TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAZZA, PEGGY	
STREET ADDRESS	1002 92ND ST NW	
CITY-ST-ZIP	BRADENTON FL 34209-8310	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Art cherry	
STREET ADDRESS	7626 4th Ave W	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hil Lundergan	
STREET ADDRESS	8007 4th Ave W	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holly Stephens	
STREET ADDRESS	1808 79th St NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Gallery	
STREET ADDRESS	1704 4th Ave W	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob murphy	
STREET ADDRESS	7816 4th Ave W	
CITY-ST-ZIP	Bradenton FL 34209	

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 REQUIRED

3.26.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)