

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90141 026 ****61.25

60013475

DOCUMENT # 750598

1. Entity Name

Condominium Owners Association of Pine Bay
 Forest Inc

Principal Place of Business

Mailing Address

410 Harmony Management
 4400 El Conquistador Pkwy
 Bradenton FL 34210

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

54-211138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 PD
 NAME Art Cherry
 STREET ADDRESS 7626 4th Ave W
 CITY-ST-ZIP Bradenton FL 34209 ☐ Delete

TITLE D
 NAME Hal Lundergan
 STREET ADDRESS 8007 4th Ave W
 CITY-ST-ZIP Bradenton FL 34209 ☐ Delete

TITLE SD
 NAME Holli Stephens
 STREET ADDRESS 1808 79th St. N.W.
 CITY-ST-ZIP Bradenton FL 34209 ☒ Delete

TITLE VPD
 NAME Jim Husbands
 STREET ADDRESS PO Box 218
 CITY-ST-ZIP Anna Maria FL 34216 ☐ Delete

TITLE ID
 NAME Debra Gallery
 STREET ADDRESS 7704 4th Ave W
 CITY-ST-ZIP Bradenton FL 34209 ☐ Delete

TITLE D
 NAME Bob Murphy
 STREET ADDRESS 7816 4th Ave W
 CITY-ST-ZIP Bradenton FL 34209 ☐ Delete

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

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

TITLE SD
 NAME Bruce O'Dea
 STREET ADDRESS 7913 4th Ave West
 CITY-ST-ZIP Bradenton, FL 34209 ☐ Change ☒ Addition

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

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

TITLE D
 NAME Nancy Brewington
 STREET ADDRESS 7616 4th Ave W
 CITY-ST-ZIP Bradenton, FL 34209 ☐ Change ☒ Addition

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:

Debra J. Gallery

225-03

CR2E037 (9/99)