

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751389

1. Entity Name

PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90005 038 ****61.25

Principal Place of Business

Mailing Address

100 LAKE PINE CIRCLE
GREEN ACRES CITY FL 33463-5158

100 LAKE PINE CIRCLE
GREEN ACRES CITY FL 33463-5158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029767

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MESCHES, LARRY M PA
222 LAKEVIEW AVD., #260
SUITE 600
WEST PALM BEACH FL 33401

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CRYSTER, JOHN	
STREET ADDRESS	125 D-2 LAKE PINE CIR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENNA, ED	
STREET ADDRESS	134 C-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, HOWARD	
STREET ADDRESS	140 B-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOB, CHRISTIE	
STREET ADDRESS	114 A1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASSI, GUS	
STREET ADDRESS	140 C1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUBARRASIO VINCE	
STREET ADDRESS	139 B-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE	S/PCOOK JOE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	126 C-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER HOWARD	
STREET ADDRESS	140 B-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS THOMAS	
STREET ADDRESS	12964 72 COURT NORTH	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)