## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 751389**

1. Entity Name

## PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 LAKE PINE CIRCLE

GREEN ACRES CITY FL 33463-5158

100 LAKE PINE CIRCLE

## FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90102 041 \*\*\*\*61.25

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GREEN ACRES	OHIT FL 33403-3130		00041	0.9.9				
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2. Principal Pl	ace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		O't- 8 O						
City & State		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				
			Name		-			
MESCHES	S, LARRY M PA	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
222 LAKE	VIEW AVD., #260		-					
SUITE 60		City			Zip Code			
WEST PA	LM BEACH FL 33401	Oity		F	L Zip Code	,		
8. The above	named entity submits this stateme	ent for the purpose of changing its	registered office or regis	stered agent, or both	n, in the state of Florida.			
CIONIATUDE								
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)	DATE		<del></del>	
		· · · · · · · · · · · · · · · · · · ·		**				
	FILE NOW:	9. Election Campaign	a Financino 🌎 🚓 🗪	.00 May Be	Make Chee	k Dovoblo to		
	FEE IS \$61.25	1	Trust Fund Contribution.			k Payable to ent of State		
	, EE 10 401.E0				Departme	in or otate		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHA	ANGES TO OFFICERS AND	DIRECTORS IN	10	
TITLE	D	Delete	TITLE D			☐ Change	Addition	
NAME	CRYSTER, JOHN		NAME B	ノレスソル:	SKI ROBERT HUR PIWACIA CRIES, FL. 3	į.	Addition	
STREET ADDRESS	125 D-2 LAKE PINE CIR		STREET ADDRESS	46.2 6	flow piwit cia	CCE	100	
CITY-ST-ZIP	GREENACRES FL		CITY-ST-ZIP	DRIEN A	-CRIS, FL.3.	3463		
TITLE	PD	Delete			•	Change	Addition	
NAME	MCKENNA, ED	_	NAME					
STREET ADDRESS CITY-ST-ZIP	134 C-1 LAKE PINE CIRCLE	-	STREET ADDRESS					
	GREENACRES FL 33463		CITY-ST-ZIP			<u> </u>		
TITLE	SD HOWARD	Delete	TITLE	م بدیر بر	OSBPH HICEPINE C RES, FL. 334	Change	Addition	
NAME STREET ADDRESS	BAKER, HOWARD	<u>.</u>	NAME STREET ADDRESS	OOKIZ J,	OSPPIS	20.1.4		
CITY-ST-ZIP	140 B-1 LAKE PINE CIRCLE GREENACRES FL 33463	-	CITY-ST-ZIP	266-16	HICEPINEC	KCUK		
	VPD		6	rebyaci	RES, FL 334	<u> 65</u>	[T] A 1 122	
TITLE NAME	DOB, CHRISTIE	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	114 A1 LAKE PINE CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	GREENACRES FL	•	CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE D			Change	Addition	
NAME	CASSI, GUS		NAME 6	UERRA:	5.0 VINCANI	vinaligo		
STREET ADDRESS	140 C1 LAKE PINE CIRCLE		STREET ADDRESS	19 B-1 LA	ILLEPINA CIT	2cla		
CITY-ST-ZIP	GREENACRES FL		CITY-ST-ZIP	naRMI	sio vincant luxpina cii gcras, FL 3	3463		
TITLE	D	☐ Delete	TITLE	- 13 100.00		Change	☐ Addition	
NAME	BAKER, HOWARD		NAME				_	
STREET ADDRESS	140-B1 LAKE PINE CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	GREENACRES FL 33463		CITY-ST-ZIP					
12. Lhereby	certify that the information supplie	d with this filing does not qualify for	or the exemption stated in	Section 119 07/3)(	i) Florida Statutos I further	cortify that the it	nformation	

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 peport 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 recover 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: Myrrd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-01

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