

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90068 012 ****61.25

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
 GREEN ACRES CITY FL 33463-5158**

B0051889



DO NOT WRITE IN THIS SPACE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D BUCZYNSKI, ROBERT**
 STREET ADDRESS **104 C-2 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

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

TITLE ☐ Delete
 NAME **PD MCKENNA, ED**
 STREET ADDRESS **134 C-1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

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

TITLE ☐ Delete
 NAME **SD COOKE, JOSEPH**
 STREET ADDRESS **126 C-1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE ☐ Change ☒ Addition
 NAME **TD CASSI AUGUST**
 STREET ADDRESS **140 C-1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☒ Delete
 NAME **VPD DOB, CHRISTIE**
 STREET ADDRESS **114 A1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL**

TITLE ☐ Change ☒ Addition
 NAME **W RINMUELLER HANS**
 STREET ADDRESS **124 A-2 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☐ Delete
 NAME **D GUERRASIO, VINCENT**
 STREET ADDRESS **139 B-1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE ☒ Change ☐ Addition
 NAME **VPD GUERRASIO VINCENT**
 STREET ADDRESS **139 B-1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES, FL 33463**

TITLE ☐ Delete
 NAME **D BAKER, HOWARD**
 STREET ADDRESS **140-B1 LAKE PINE CIRCLE**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

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

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]

CR2E037 (9/01)