

## 2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 756370

1. Entity Name

PINWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3512 TREE RIDGE LN NE  
PALM BAY FL 32905  
US3512 TREE RIDGE LN NE  
PALM BAY FL 32905-4809  
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3069523

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

AUSTIN, RENEE C  
3512 TREE RIDGE LANE NE  
PALM BAY FL 32905

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	1	<input type="checkbox"/> Delete
NAME	CLABAUGH, JANE		
STREET ADDRESS	3515 TREE PINE RIDGE LANE NE		
CITY-ST-ZIP	PALM BAY FL 32905		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	2	<input type="checkbox"/> Delete
NAME	AUSTIN, RENEE C		
STREET ADDRESS	3512 TREE RIDGE LANE NE		
CITY-ST-ZIP	PALM BAY FL 32905		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD		<input checked="" type="checkbox"/> Delete
NAME	MC GEE, DARCIE		
STREET ADDRESS	3514 TREERIDGE LANE NE		
CITY-ST-ZIP	PALM BAY FL		

TITLE	Secretary/D	3	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Dittmer		
STREET ADDRESS	2179 Granville St.		
CITY-ST-ZIP	Palm Bay, FL 32907		

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JANE CLABAUGH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/2/2000 (321) 727-9892  
Date Daytime Phone #

CR2E037 (9/99)