

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756370

1. Entity Name

PINEWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

3512 TREE RIDGE LN NE
PALM BAY FL 32905
US

Mailing Address

3512 TREE RIDGE LN NE
PALM BAY FL 32905
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

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

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 *Renee C. Austin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-01

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 PD
NAME CLABAUGH, JANE
STREET ADDRESS 3515 TREE PINE RIDGE LANE NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE TD
NAME AUSTIN, RENEE C
STREET ADDRESS 3512 TREE RIDGE LANE NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE SD
NAME DITTMER, DEBBIE
STREET ADDRESS 2179 GRANVILLE ST
CITY-ST-ZIP PALM BAY FL 32907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 *Jane Clabaugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01

Date

(321) 727-9892

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90032 026 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)