

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90150 031 \*\*\*\*\*61.25

**DOCUMENT # 756370**

1. Entity Name

**PINEWOOD XIII TOWNHOMES OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3512 TREE RIDGE LN NE  
PALM BAY FL 32905  
US**

**3512 TREE RIDGE LN NE  
PALM BAY FL 32905  
US**

**811870**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**% Debbie Dittmer**

**% Debbie Dittmer**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2179 Granville St.**

**2179 Granville St.**

City & State

City & State

**Palm Bay, FL**

**Palm Bay, FL**

Zip

Country

Zip

Country

**32907**

**Brevard**

**32907**

**Brevard**

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

**Debbie Dittmer**

Street Address (P.O. Box Number is Not Acceptable)

**2179 Granville St.**

City

**Palm Bay**

**FL**

Zip Code

**32907**

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

**X Debbie Dittmer**  
**DEBBIE DITTMER**

(NOTE: Registered Agent signature required when reinstating)

DATE

**X 1/14/02**

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

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

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

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

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

TITLE **TD** ☐ Change ☒ Addition  
NAME **Dittmer, Debbie**  
STREET ADDRESS **2179 Granville St**  
CITY-ST-ZIP **Palm Bay, FL 32907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**X Debbie Dittmer**  
**DEBBIE DITTMER**

Date

Daytime Phone #

**X 1-14-02**

**321-728-1925**

CR2E037 (9/01)