

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90027 043 ****61.25

DOCUMENT # 759527

1. Entity Name

PINE MEADOWS COVE HOMEOWNERS ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

**3065 PINE COVE PL
EUSTIS FL 32726**

**3065 PINE COVE PL
EUSTIS FL 32726
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2138254**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMOOR, MAURICE A
3059 PINE COVE PLACE
EUSTIS FL 32726**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature typed or printed name of registered agent)

(Agent signature required when re-registering)

DATE

FILE NOW, FILE 1/12/04

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	CHADWICK, WILLIAM T	
STREET ADDRESS	3040 PINE COVE PLACE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	TD	☐ Delete
NAME	ATKINS, WILLIAM G.	
STREET ADDRESS	3065 PINE COVE PL.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	☐ Delete
NAME	LOESCHER, DOROTHY E.	
STREET ADDRESS	3020 PINE COVE PLACE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	VD	☐ Delete
NAME	DEMOOR, MAURICE A	
STREET ADDRESS	3059 PINE COVE PL.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	BAIN, ROBERT A.	
STREET ADDRESS	3046 PINE COVE PL.	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE		☐ Change ☐ Addition
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

William G. Atkins
William G. Atkins

01/08/2004

352-357-9767