

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760980

1. Entity Name

PINE GROVE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90107 001 ****61.25

Principal Place of Business

7165 ALMENDRO TERRACE
FORT MYERS FL 33907
US

Mailing Address

C/O BENSON'S, INC.
12650 WHITEHALL DRIVE
FORT MYERS FL 33907-3619

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 **59-2157361**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENSON, MARK
12650 WHITEHALL DRIVE
FORT MYERS FL 33907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 ~~VB~~ **TD** ☐ Delete
NAME **BRAND, DEAN**
STREET ADDRESS **7133-1 LYLE TERR**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ~~PD~~ **SD** ☐ Delete
NAME **TRIER, ED**
STREET ADDRESS **7127-43 PENNER LANE**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ~~TD~~ **PD** ☐ Delete
NAME **PYSARCHUK, LYNNE**
STREET ADDRESS **7161-4 PENNER LANE**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ~~SD~~ **VD** ☐ Delete
NAME **VALENTINE, JOAN**
STREET ADDRESS **7129-1 LYLE TERR**
CITY-ST-ZIP **FT MYERS FL**

TITLE **D** ☒ Delete
NAME **JONES, BARBARA**
STREET ADDRESS **7165B LYLE TERR**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ Delete
NAME **ROSE, JOSEPH**
STREET ADDRESS **7195-3 LYLE Terrace**
CITY-ST-ZIP **FT MYERS FL 33907**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
NAME **Brand, Dean**
STREET ADDRESS **7133-1 Lyle Terr**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **SD** ☒ Change ☐ Addition
NAME **Trier, Ed**
STREET ADDRESS **7127-43 Penner Ln**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **PD** ☒ Change ☐ Addition
NAME **Pysarchuk, Lynne**
STREET ADDRESS **7161-4 Penner Ln**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **VD** ☒ Change ☐ Addition
NAME **Valentine, Joan**
STREET ADDRESS **7129-1 Lyle Terr**
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **D** ☐ Change ☒ Addition
NAME **Rose, Joe**
STREET ADDRESS **7195-3 Lyle Terr**
CITY-ST-ZIP **Fort Myers, FL 33907**

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

941-476-8882

Daytime Phone #