2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#760980

City-St-Zip:

FT MYERS, FL 33907

Entity Name: PINE GROVE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7165 ALMENDRO TERRACE FORT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** C/O BENSON'S, INC 12650 WHITEHALL DRIVE FORT MYERS, FL 33907 FEI Number: 59-2157361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENSON, MARK 12650 WHITEHALL DRIVE US FORT MYERS, FL 33907 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NACCA, JOHN J TODD, JOAN Name: Name: **7133-1 LYLE TERR** Address: 7130-21 PENNER LANE Address: City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FT. MYERS, FL 33907 Title: VD () Delete Title: TD (X) Change () Addition COOPER, JOHN Name: O'TOOLE, JOHN Name: Address: 7161-4 CRYSTAL DRIVE Address: 7130-22 KOLA TERRACE City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FT. MYERS, FL 33907 Title: () Delete Title: (X) Change () Addition LONG, MARTHA J TARWID, SCOTT W Name: Name: 7133-2 ALMENDRO TERR 7128-4 ALMENDRO TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: TD (X) Delete Title: () Change () Addition Name: TARWID, SCOTT W Name: 7128-4 ALMENDRO TERR Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: (X) Delete Title: () Change () Addition TODD, JOAN Name: Name: 7130-21 PENNER LANE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOAN TODD PRES 02/13/2002