

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762283

1. Entity Name

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

390 A1A BEACH BLVD
ST. AUGUSTINE BCH. FL 32084

Mailing Address

390 A1A BEACH BLVD
ST. AUGUSTINE BCH. FL 32084-6540

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 59-2190633

☒ 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

WEISZ, CHARLOTTE
390 A1A BEACH BLVD
ST. AUGUSTINE FL 32086

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:
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ALLEY, WILLIAM
390 A1A BCH BLVD, #D49
ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AV
WEISZ, CHAR
390 A1A BEACH BLVD
ST. AUGUSTINE BCH FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
DANIELS, PRESLEY
390 A1A BEACH BLVD, #50
ST AUGUSTINE BCH FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ANDERSON, EVELYN
390 A1A BCH BLVD., #D47
ST AUGUSTINE BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
ROWSEY, NORA
390 A1A BEACH BLVD, #E59
ST. AUGUSTINE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
GENTRY, JERRY
390 A1A BCH. BLVD. #51
ST. AUGUSTINE FL 32084

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

D
BYRON HORN
390 A1A BEACH BLVD. B24
ST. AUG. BCH. FL. 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLOTTE WEISZ

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90128 030 ****61.25



DO NOT WRITE IN THIS SPACE

1/15/00

904 471 3622