

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 32080

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 32080

Country

6. Name and Address of Current Registered Agent

WEISZ, CHARLOTTE
390 A1A BEACH BLVD
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

59-2190633
APPLIED FOR

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

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

8/6/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEY, WILLIAM 390 A1A BCH BLVD, #D49 ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV WEISZ, CHAR 390 A1A BEACH BLVD ST. AUGUSTINE BCH FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORN, BYRON 390 A1A BCH BLVD B24 ST AUGUSTINE BCH FL 32084	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, EVELYN 390 A1A BCH BLVD., #D47 ST AUGUSTINE BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROWSEY, NORA 390 A1A BEACH BLVD, #E59 ST. AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GENTRY, JERRY 390 A1A BCH. BLVD. #51 ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DI SANDRA KAY ADAMS 390 A1A BEACH BLVD. #50 ST. AUGUSTINE FL. 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

8/6/01

904471-3622

Date

Daytime Phone #

CR2E037 (5/01)