

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90073 037 ****61.25

DOCUMENT # 762283

1. Entity Name

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**390 A1A BEACH BLVD
ST AUGUSTINE BCH. FL 32080**

**390 A1A BEACH BLVD
ST AUGUSTINE BCH. FL 32080**

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 32080**

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 **CHARLOTTE WEISZ**

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

Charlotte Weisz

(NOTE: Registered Agent signature required when reinstating)

4/1/02

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 **D** ☐ Delete
NAME **KAY, SANDRA ADAMS**
STREET ADDRESS **390 A1A BEACH BLVD. # 55**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **V. PRES.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AV** ☐ Delete
NAME **WEISZ, CHAR**
STREET ADDRESS **390 A1A BEACH BLVD**
CITY-ST-ZIP **ST. AUGUSTINE BCH FL 32080**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HORN, BYRON**
STREET ADDRESS **390 A1A BCH BLVD B24**
CITY-ST-ZIP **ST AUGUSTINE BCH FL 32080**

TITLE **TREAS.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ANDERSON, EVELYN**
STREET ADDRESS **390 A1A BCH BLVD., #D47**
CITY-ST-ZIP **ST AUGUSTINE BEACH FL**

TITLE **D.** ☐ Change ☒ Addition
NAME **ERIS ASH**
STREET ADDRESS **390 A1A BCH. BLVD. # 21**
CITY-ST-ZIP **ST. AUG. BCH., FL. 32080**

TITLE **SD** ☐ Delete
NAME **ROWSEY, NORA**
STREET ADDRESS **390 A1A BEACH BLVD, #E59**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GENTRY, JERRY**
STREET ADDRESS **390 A1A BCH. BLVD. #51**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **PRES.** ☒ 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: *Charlotte Weisz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

904-471-3622

Daytime Phone #

CR2E037 (9/01)