2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763642

1. Entity Name

PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90060 009 ****61.25

Principal Place of Business	Mailing Address
6872 TIMBER PINES BLVD. SPRING HILL FL 34606	6872 TIMBER PINES BLVD. SPRING HILL FL 34606-3641

DO NOT WRITE IN THIS SPACE

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 59-2209023 ☐ 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
KURTZ, SUSAN R 6872 TIMBER PINES BOULEVARD SPRING HILL FL 34606	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 HOUSER, DONALD 2136 FORESTER WAY SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASTELEIN, ROGER 2188 FORESTER WAY SPRING HILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLAND, JOHN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRACKETT, WILLIAM 2152 FORESTER WAY SPRING HILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEGER, CHARLOTTE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELEIN, ROGER 2188 FORESTER WAY SPRING HILL FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. TD SULLIVAN, BARBARA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CLARK, ELEANOR 6872 TIMBER PINES BLVD. SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, ROBERT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FUCARINO, JOSEPH 2128 FORESTER WAY SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #