# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 27, 2002 8:00 am**
**Secretary of State**
05-27-2002 90411 019 ****61.25

DOCUMENT # 763642

1. Entity Name

PINEGROVE VILLAGE HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6872 TIMBER PINES BLVD.<br>SPRING HILL FL 34606 | 6872 TIMBER PINES BLVD.<br>SPRING HILL FL 34606 |

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**

KURTZ, SUSAN R
6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606

**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

**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<br>HOUSER, DONALD<br>2136 FORESTER WAY<br>SPRING HILL FL | ☐ Delete | D<br>Lindsey, CORA<br>6872 Timber Pines Blvd.<br>Spring Hill, Fl. 34606 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BLAND, JOHN<br>2188 FORESTER WAY<br>SPRING HILL FL | ☐ Delete | D<br>Rose, Robert<br>6872 Timber Pines Blvd.<br>Spring Hill, Fl. 34606 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEGER, CHARLOTTE<br>2152 FORESTER WAY<br>SPRING HILL FL | ☐ Delete | P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GREGORY, LOIS<br>6872 TIMBER PINES BLVD<br>SPRING HILL FL | ☐ Delete | VP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAMES, ROBERT<br>6872 TIMBER PINES BLVD.<br>SPRING HILL FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>FUCARINO, JOSEPH<br>2128 FORESTER WAY<br>SPRING HILL FL 34606 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 #