

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770791

1. Entity Name

PINEWOOD VILLAS PHASE II HOMEOWNER'S ASSOCIATION

Principal Place of Business

16593 DAVIS ROAD  
FORT MYERS FL 33908

Mailing Address

16593 DAVIS ROAD  
FORT MYERS FL 33908-2989

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2364980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAVANAUGH, LEONARD  
16593 DAVIS ROAD  
FT. MYERS FL 33908

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

TITLE PT  
NAME CAVANAUGH, LEONARD  
STREET ADDRESS 16593 DAVIS ROAD  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE SD  
NAME CAVANAUGH, RUTH  
STREET ADDRESS 16593 DAVIS ROAD  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE D  
NAME SLY, BILLIE D.  
STREET ADDRESS 16599 DAVIS ROAD  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE D  
NAME FINNERTY, MARGUERITE  
STREET ADDRESS 16599 DAVIS ROAD  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: Leonard Cavanaugh SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 1-10-00 941-454-6949  
DATE Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90122 036 \*\*\*\*61.25