

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90094 005 \*\*\*150.00

**DOCUMENT # G91332**

1. Entity Name  
**PINELAKE VILLAGE HOMEOWNERS' ASSOCIATION OF MART  
IN COUNTY, INC.**



Principal Place of Business  
**2101 NE SAVANNAH RD  
JENSEN BEACH FL 34957  
US**

Mailing Address  
**PO BOX 52  
JENSEN BEACH FL 34958  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2349490**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**GRAHAM, JOSEPH  
517 SAPPHIRE WAY  
JENSEN BEACH FL 34957**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joseph Graham

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

(NOTE: Registered Agent signature required when reinstating)

DATE 3/11/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRAHAM, JOSEPH</b>	
STREET ADDRESS	<b>517 SAPPHIRE WAY</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>NOLTE, GENE</b>	
STREET ADDRESS	<b>601 PEARL CIRCLE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LEACH, HELEN</b>	
STREET ADDRESS	<b>470 ONYX WAY</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OTEN, PETER D</b>	
STREET ADDRESS	<b>77 S. WARNER DRIVE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MAHONEY, JOE</b>	
STREET ADDRESS	<b>508 SAPPHIRE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGLAS, CALVIN</b>	
STREET ADDRESS	<b>121 LAVAUGHN CIRCLE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cal Douglas, Cal</b>	
STREET ADDRESS	<b>121 LAVAUGHN CIRCLE</b>	
CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mohoney, Joe</b>	
STREET ADDRESS	<b>508 Sapphire</b>	
CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARDNER, JANE</b>	
STREET ADDRESS	<b>79 SWARNEN</b>	
CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gene Nolte Gene</b>	
STREET ADDRESS	<b>601 Pearl Circle</b>	
CITY-ST-ZIP	<b>Jensen Beach FL 34957</b>	

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 607, 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: Joseph Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 3/11/03

Date

Daytime Phone #

CR2E034 (10/02)