

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90402 023 \*\*\*158.75

**DOCUMENT # H47296**

1. Entity Name

**PINE SHORES HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

**6450 S. TAMiami TR.  
 631 PINE SHORES  
 SARASOTA FL 34231  
 US**

Mailing Address

**C/O MARY COMBS  
 631 PINE SHORES DR  
 SARASOTA FL 34231  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2652332**

Applied For

Not Applicable

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

**COMBS, MARY MS  
 631 PINE SHORES DR  
 SARASOTA FL 34231**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **VONGEHR, CONRAD**  
 STREET ADDRESS **#818 PINE SHORES**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **VP** ☒ Delete  
 NAME **SIDELOU, DAVID**  
 STREET ADDRESS **1110 PINE SHORES**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **ROBERT JACOBSEN**  
 STREET ADDRESS **923 PINE SHORES**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DT** ☐ Delete  
 NAME **COMBS, MARY**  
 STREET ADDRESS **631 PINE SHORES DR**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **DS** ☐ Delete  
 NAME **WALKER, ROSLIE**  
 STREET ADDRESS **924 PINE SHORES DR**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **DM** ☒ Delete  
 NAME **MITCHELL, DONALD**  
 STREET ADDRESS **521 PINE SHORES DR**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **DM** ☒ Change ☐ Addition  
 NAME **BIRDIE WAMPNER**  
 STREET ADDRESS **633 PINE SHORES**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Delete  
 NAME **HELLER, DOROTHY**  
 STREET ADDRESS **629 PINE SHORS DR**  
 CITY-ST-ZIP **SARASOTA FL 34231**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARY CHARLES COMBS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02  
 Date

941-927-7857  
 Daytime Phone #

CR2E034 (9/01)