

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 043 ****61.25

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DOCUMENT # N00000001634

1. Entity Name

THE PINES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-50442180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**00030658**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640114

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HART, JR., JAMES W
C/O SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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 \$61.259. 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 PD
NAME GRIEDMAN, GEROGE ☒ Delete
STREET ADDRESS 1110 DOUGLAS AVE #3000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE PD
NAME GRAHAM, BILL ☐ Change ☒ Addition
STREET ADDRESS 1110 DOUGLAS AVE #2040
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE VD
NAME HUDRLIK, DEBBIE ☒ Delete
STREET ADDRESS 4902 EISENHOWER BLVD #289
CITY-ST-ZIP TAMPA FL 33634TITLE VD
NAME SELLERS, JEFF ☐ Change ☒ Addition
STREET ADDRESS 1110 DOUGLAS AVE #2040
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE STD
NAME GRIMM, CINDY ☒ Delete
STREET ADDRESS 1110 DOUGLAS AVE #3000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE STD
NAME BRAZNELL, SUZANNE ☐ Change ☒ Addition
STREET ADDRESS 1110 DOUGLAS AVE #2040
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
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: *[Signature]***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01

407-7886700

CR2E037 (10/00)