

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90031 031 ****61.25

DOCUMENT # N00000002346

1. Entity Name

PINFISH POINT HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business

**18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

Mailing Address

**18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

2. Principal Place of Business

900 E. PINE STREET

Suite, Apt. #, etc.

suite #126

City & State

ENGLEWOOD, FL

Zip

34223

Country

U.S.A.

3. Mailing Address

45 SHERMAN GROVE

Suite, Apt. #, etc.

City & State

SPENCER, MA

Zip

10562

Country

U.S.A.

4. FEI Number **59-3702724**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURTHA, THOMAS E CPA

900 E PINE STREET #126

ENGLEWOOD FL 34223

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **SANDSTROM, KENNETH J**
STREET ADDRESS **45 SHERMAN GROVE**
CITY-ST-ZIP **SPENCER MA 10562**

TITLE **D** ☐ Delete
NAME **SANDSTROM, KENNETH J**
STREET ADDRESS **45 SHERMAN GROVE**
CITY-ST-ZIP **SPENCER MA 10562**

TITLE **D** ☐ Delete
NAME **GAY, JULIE**
STREET ADDRESS **45 SHERMAN GROVE**
CITY-ST-ZIP **SPENCER MA 10562**

TITLE **D** ☐ Delete
NAME **BERNTSSON, ROBERT H**
STREET ADDRESS **1804 MURDOCK CIRCLE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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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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:

SIGNATURE REQUIRED

4-12-03

CR2E037 (10/02)