

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90137 020 ****61.25

0053974

DOCUMENT # N00000002736

1. Entity Name

PINECRAFT SUBDIVISION ASSOCIATION, INC.

Principal Place of Business

**1552 GOOD AVENUE
SARASOTA FL 34239**

Mailing Address

**1552 GOOD AVENUE
SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1068208

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F
3400 S TAMiami TRAIL
SARASOTA FL 34239**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMOKER, BENJAMIN K	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMUCKER, SAM	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FARMWALD, JOHN	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLICK, ELMER	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	GINGERICH, MOSE	
STREET ADDRESS	1552 GOOD AVENUE	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHMUCKER, VERNON E	
STREET ADDRESS	1290 GILBERT AVE	
CITY-ST-ZIP	SARASOTA FL 34239	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENJAMIN K SMOKER 1-16-02 941-955-8621

Date

Daytime Phone #

CR2E037 (9/01)