

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008141

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PINE PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1565 E HIGHWAY 100
#6
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

1565 E HIGHWAY 100
#6
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 02-0574820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
#B-1
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLRICK, TROY
Address: 14947 WEST HIGHWAY 100
City-St-Zip: BUNNELL, FL 32110

Title: DV () Delete
Name: MCDONOUGH, JUDY
Address: 73 UHL PATH
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: WILLRICK, TERRI
Address: 14947 WEST HIGHWAY 100
City-St-Zip: BUNNELL, FL 32110

Title: SD () Delete
Name: MCDONOUGH, JAY
Address: 73 UHL PATH
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WILLRICK, TERRI
Address: 14947 WEST HIGHWAY 100
City-St-Zip: BUNNELL, FL 32110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERI WILLRICK

TD

04/30/2002

Electronic Signature of Signing Officer or Director

Date