


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92209 031 ****61.25

80111870

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

DOCUMENT # N00000008141					
1. Entry Name PINE PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1565 E HIGHWAY 100 #6 BUNNELL, FL 32110			Mailing Address 1565 E HIGHWAY 100 #6 BUNNELL, FL 32110		
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 02-0574820	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE #B-1 PORT ORANGE, FL 32127			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when submitting.)</small> DATE _____					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	PD	WILLRICK, TROY		<input type="checkbox"/> Delete	
NAME	14947 WEST HIGHWAY 100				
STREET ADDRESS	BUNNELL, FL 32110				
CITY-ST-ZIP					
TITLE	DV	MCDONOUGH, JUDY		<input type="checkbox"/> Delete	
NAME	73 UHL PATH				
STREET ADDRESS	PALM COAST, FL 32137				
CITY-ST-ZIP					
TITLE	TD	WILLRICK, TERI		<input type="checkbox"/> Delete	
NAME	14947 WEST HIGHWAY 100				
STREET ADDRESS	BUNNELL, FL 32110				
CITY-ST-ZIP					
TITLE	SD	MCDONOUGH, JAY		<input type="checkbox"/> Delete	
NAME	73 UHL PATH				
STREET ADDRESS	PALM COAST, FL 32137				
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
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: <u>Teri Willrick</u> <u>4/30/03</u> <u>386-437-3132</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CH2EC037 (10/02)