

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00630

1. Entity Name

PINEWOOD HOMEOWNERS ASSOCIATION OF CRYSTAL RIVER

Principal Place of Business

Mailing Address

3140 N. TURKEY OAK DR.
CRYSTAL RIVER FL 34428

3140 N. TURKEY OAK DR.
CRYSTAL RIVER FL 34428-7912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2361031

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

FRANK, DONNA
8155 W WOODBURY CT
CRYSTAL RIVER FL 34428

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

Donna Frank

President

1-10-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. 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	FRANK, DONNA	
STREET ADDRESS	8155 W WOODBURY CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURTIS, ED	
STREET ADDRESS	8234 W FAIROAKS CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLS, CANDICE	
STREET ADDRESS	8234 W FAIROAKS CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARROLL, TRACY	
STREET ADDRESS	8170 W WOODBURY CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	CARROLL, TRACY	
STREET ADDRESS	8170 W WOODBURY CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SURIS, JOSE	
STREET ADDRESS	8231 W WOODBURY CT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

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	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Szwczuk	
STREET ADDRESS	8215 W. Woodbury Ct.	
CITY-ST-ZIP	Crystal River, FL 34428	
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:

Donna Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000 (352) 563-1860

Date

Daytime Phone #

CR2E037 (9/99)