

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00630

1. Entity Name

PINEWOOD HOMEOWNERS ASSOCIATION OF CRYSTAL RIVER

Principal Place of Business

3140 N. TURKEY OAK DR.
CRYSTAL RIVER FL 34428

Mailing Address

3140 N. TURKEY OAK DR.
CRYSTAL RIVER FL 34428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Citrus county

4. FEI Number

59-2361031

Applied For

Not Applicable

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRANK, DONNA
STREET ADDRESS 8155 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME CURTIS, ED
STREET ADDRESS 8234 W FAIROAKS CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME MILLS, CANDICE
STREET ADDRESS 8234 W FAIROAKS CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME CARROLL, TRACY
STREET ADDRESS 8170 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME SZEWCZUK, PHILIP
STREET ADDRESS 8205 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MD
NAME SURIS, JOSE
STREET ADDRESS 8231 W WOODBURY CT
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE
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

4-8-01 (352) 563-1860
Date Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90249 036 ****61.25



DO NOT WRITE IN THIS SPACE

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