**FILED**
**Mar 13, 2003 8:00 am**
**Secretary of State**
02-27-2003 90165 010 ****61.25

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

2/2

DOCUMENT # N01000002050

1. Entity Name
PINE ESTATES ASSOCIATION OF PORT ST LUCIE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 470 S.E. PINE RD.<br>PORT ST LUCIE, FL 34984 | ~~P.O. BOX 7638~~<br>PORT ST LUCIE, FL ~~34985~~ 34984 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 451 SE Pine RD - PSL<br>Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-0156011 — X 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 |
|---|---|
| AOUGH, GEORGE B ESQ<br>729 S. FEDERAL HIGHWAY, STE. 222<br>STUART, FL 34994 | Name: George B. Hough ESQ<br>Street Address (P.O. Box Number is Not Acceptable):<br>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: _____ DATE
(Signature required of named agent of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changing)

FILE NOW: FEES $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NICHOLLS, GUY W<br>P.O. BOX 7638<br>PORT ST LUCIE, FL 34986 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>470 SE Pine Road<br>Port ST Lucie FL 34984 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>NICHOLLS, FAITH M<br>P.O. BOX 7638<br>PORT ST LUCIE, FL 34985 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>470 SE Pine Road<br>Port ST. Lucie, FL 34984 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>KELLN, LORI A<br>451 SE PINE ROAD<br>PORT ST LUCIE, FL 34984 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STRingham Lori A. ☑ Change ☐ Addition<br>451 SE Pine Road<br>Port ST Lucie, FL 34984 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

ORZE 037 (10/02)

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.

772-871-9395

SIGNATURE: Lori A Stringham Lori A Stringham 02-25-03
(SIGNATURE AND TYPED OR PRINTED NAME OF BOARD ORDER OR DIRECTOR) Date (Daytime Phone #)