

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

9/17/2003-90022-005-\$236.25-\$236.25

DOCUMENT # N01000002996

1. Entity Name

PINE MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.



03 OCT 20 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

180 S.W. 125TH AVENUE  
PLANTATION FL 33325

Mailing Address

180 S.W. 125TH AVENUE  
PLANTATION FL 33325

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: **APPLIED FOR**  
20-0244507

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

BUTLER, ALICE  
180 S.W. 125TH AVENUE  
PLANTATION FL 33325

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

*Alice Butler*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-03

FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25

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: D BUTLER, ALICE ☐ Delete  
NAME: 180 S.W. 125TH AVENUE  
STREET ADDRESS: PLANTATION FL 33325  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP:

TITLE: D CLARK, DAVID ☐ Delete  
NAME: 180 S.W. 125TH AVENUE  
STREET ADDRESS: PLANTATION FL 33325  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP:

TITLE: D WESTON, TOD A ☒ Delete  
NAME: 2501 E. COMMERCIAL BLVD. ST #212  
STREET ADDRESS: FT. LAUDERDALE FL 33308  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP:

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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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: *DAVID WESTON* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 SEPT 2003

Date

9545622773

Daytime Phone #

CR2E037 (4/03)

2/10/22