

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000003575**

1. Entity Name

PINE HOLLOW OWNERS ASSOCIATION, INC.

Principal Place of Business

**580 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**

Mailing Address

**580 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUDOWSKI, KATHLEEN
580 PINE HOLLOW LANE
WEST PALM BEACH FL 33413**

7. Name and Address of New Registered Agent

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D BUDOWSKI, WALTER	580 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/>

	D RAYGOR, PAUL	520 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/>
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	D KYLE, DANIEL	581 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/>
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	D CAMPBELL, ALAN	641 PINE HOLLOW LANE	WEST PALM BEACH FL 33413	<input type="checkbox"/>
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				<input type="checkbox"/>
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				<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90009 006 ****70.00



DO NOT WRITE IN THIS SPACE

0075453

CR2E037 (9/01)