

2001 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-02-2001 90076 012 ****61.25

DOCUMENT # N01315

1. Entity Name

PINE LAKE VILLAS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3715 BAY COURT
 ST. CLOUD FL 34769

3715 BAY COURT
 ST. CLOUD FL 34769

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

59-2506396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGHRAM, DICK
3508 BAY COURT
ST. CLOUD FL 34769

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	VP	<input type="checkbox"/> Delete
NAME	SCHLUCKBIER, WALDO	
STREET ADDRESS	3613 BAY CT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	P	<input type="checkbox"/> Delete
NAME	MANGHRAM, DICK	
STREET ADDRESS	3508 BAY COURT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERILLO, JOYCE	
STREET ADDRESS	3621 BAY CT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, JOHN	
STREET ADDRESS	3616 BAY COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRITENRIKER, EMILY	
STREET ADDRESS	3517 BAY COURT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, JOHN	
STREET ADDRESS	5505 BAY COURT	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flohner, Phyllis	
STREET ADDRESS	3504 BAY COURT	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prather, Todd D.	
STREET ADDRESS	3612 Bay Court	
CITY-ST-ZIP	St. Cloud FL 34769	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dick Manghran **DICK MANGHRAM** 3/20/01 407 891-7346
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)