

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01330

1. Entity Name

PINEBROOK WOODS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90099 030 \*\*\*\*61.25

|                                                                                                                       |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>13300-56 S CLEVELAND AVE<br><del>SUITE 258</del> PMB #258<br>FORT MYERS FL 33907<br>US | Mailing Address<br><del>810 BENSON'S, INC.</del><br>13300-56 CLEVELAND AVE <del>STE 258</del> PMB #258<br>FORT MYERS FL 33907 |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>PMB #258<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>PMB #258<br>City & State |
| Zip                                                                               | Country                                                               |

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-2494036                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

6. Name and Address of Current Registered Agent

~~DEBRUCKY, JOSEPH~~  
~~13203 TALL PINE CIRCLE~~  
~~FT MYERS FL 33907~~

7. Name and Address of New Registered Agent

Name Virginia A Traycik  
Street Address (P.O. Box Number is Not Acceptable)  
13076 Tall Pine Cir  
City Ft Myers FL Zip Code 33907

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 Virginia A Traycik Virginia A Traycik 7/22/00  
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<br>After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

10. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | PD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DEBRUCKY, JOSEPH       |                                            |
| STREET ADDRESS | 13203 TALL PINE CIRCLE |                                            |
| CITY-ST-ZIP    | FT. MYERS FL 33907     |                                            |
| TITLE          | VD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | GREEN, GLEN            |                                            |
| STREET ADDRESS | 13168 TALL PINE CIRCLE |                                            |
| CITY-ST-ZIP    | FT. MYERS FL 33907     |                                            |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | BRYSON, KARREN         |                                            |
| STREET ADDRESS | 13249 TALL PINE CIRCLE |                                            |
| CITY-ST-ZIP    | FT. MYERS FL 33907     |                                            |
| TITLE          | TD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | AUER, ROBERT           |                                            |
| STREET ADDRESS | 13172 TALL PINE CIRCLE |                                            |
| CITY-ST-ZIP    | FT. MYERS FL 33907     |                                            |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | O'PHELAN, MARY LOU     |                                            |
| STREET ADDRESS | 13232 TALL PINE CIRCLE |                                            |
| CITY-ST-ZIP    | FT MYERS FL 33907      |                                            |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |                                            |
| STREET ADDRESS |                        |                                            |
| CITY-ST-ZIP    |                        |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                                                              |
|----------------|---------------------|------------------------------------------------------------------------------|
| TITLE          | PD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Virginia A Traycik  |                                                                              |
| STREET ADDRESS | 13076 Tall Pine Cir |                                                                              |
| CITY-ST-ZIP    | Ft Myers FL 33907   |                                                                              |
| TITLE          | VD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Warren Barry        |                                                                              |
| STREET ADDRESS | 13153 Tall Pine Cir |                                                                              |
| CITY-ST-ZIP    | Ft Myers FL 33907   |                                                                              |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Marie Reinhardt     |                                                                              |
| STREET ADDRESS | 13215 Tall Pine Cir |                                                                              |
| CITY-ST-ZIP    | Ft Myers FL 33907   |                                                                              |
| TITLE          | TD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Ingrid Hesel        |                                                                              |
| STREET ADDRESS | 13104 Tall Pine Cir |                                                                              |
| CITY-ST-ZIP    | Ft Myers FL 33907   |                                                                              |
| TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Harold Simones      |                                                                              |
| STREET ADDRESS | 13212 Tall Pine Cir |                                                                              |
| CITY-ST-ZIP    | Ft Myers FL 33907   |                                                                              |
| 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)(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: Virginia A Traycik Virginia A Traycik 7/22/00 941-454-2917  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)