

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90180 002 ****70.00

DOCUMENT # N06279

1. Entity Name
PINE FOREST MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

76 GARDENIA LN
ORANGE CITY FL 32763
US

Mailing Address

76 GARDENIA LN
ORANGE CITY FL 32763
US

10010198



☐ CHECK HERE IF MAKING CHANGES

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 **59-2522548**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMITT, JAMES C
4 WESTLAKE DR
ORANGE CITY FL 32763

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *James C. Schmitt*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-03

FILE NOW: FEE IS \$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

TITLE **PD** ☐ Delete
NAME **SCHMITT, JAMES C**
STREET ADDRESS **4 WESTLAKE DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **VD** ☐ Delete
NAME **KNOLL, ROBERTA**
STREET ADDRESS **106 WESTLAKE DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **SD** ☒ Delete
NAME **BRIGGS, AGNES**
STREET ADDRESS **101 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **TD** ☐ Delete
NAME **SCHMITT, JAMES**
STREET ADDRESS **4 WESTLAKE DR**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DD** ☒ Delete
NAME **WILLIAMS, CHARLES**
STREET ADDRESS **150 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DD** ☐ Delete
NAME **VERRIER, NICHOLAS**
STREET ADDRESS **89 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DD** ☐ Change ☒ Addition
NAME **SPINNEWBER, PAUL**
STREET ADDRESS **10 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DD** ☐ Change ☒ Addition
NAME **MARINO, LOUIS**
STREET ADDRESS **86 HOLLYHOCK COURT**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **SD** ☒ Change ☐ Addition
NAME **HORN, CAROL**
STREET ADDRESS **144 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DD** ☐ Change ☒ Addition
NAME **DEL-MAGE, BRUCE**
STREET ADDRESS **152 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DD** ☒ Change ☐ Addition
NAME **FORSACK, STANLEY**
STREET ADDRESS **52 WESTLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ 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: *James C. Schmitt* **JAMES C. SCHMITT** **1-20-03** **(386)775-3531**

CR2E037 (10/02)