

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10751

1. Entity Name

PINEWOOD GROVE CIVIC ASSOCIATION, INC.

R

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90014 019 ****70.00

Principal Place of Business C/O WES BOUGHNES 13002 LAMIRADA CIR. WELLINGTON FL 33414 US	Mailing Address C/O WES BOUGHNER 13002 LA MIRADA CIR. WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O DOUG RIORDAN Suite, Apt. #, etc. 245 MARBLE CANYON DR. City & State WELLINGTON, FL Zip 33414 Country PALM BEACH	3. Mailing Address C/O DOUG RIORDAN Suite, Apt. #, etc. 245 MARBLE CANYON DR. City & State WELLINGTON, FL Zip 33414 Country PALM BEACH
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4. FEI Number 59-2586101	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOUGHNER, WES
13002 LA MIRADA CIR.
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: DOUGLAS RIORDAN
 Street Address (P.O. Box Number is Not Acceptable)
 245 MARBLE CANYON DRIVE
 City: WELLINGTON FL Zip Code: 33414

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: DOUGLAS RIORDAN, PRESIDENT 9-11-00
 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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOHLER, BONNIE 181 REDONDO WAY WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARKHAM, DAVID 458 SE LAVENDER TERRACE WELLINGTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGEN, SHERRIE ANN 13182 LA MIRADA CIRCLE WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATANSON, ART 13361 LA MIRADA CIR. WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUGHNER, WES 13002 LA MIRADA CIR WELLINGTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, KEVIN 305 MARBLE CANYON DR. WELLINGTON FL 33414	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICH MYERSON 13170 LA MIRADA CIRCLE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHELE NASCARELLA 13337 LA MIRADA CIRCLE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUGHNER, WES 13002 LA MIRADA CIRCLE WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGLAS RIORDAN 245 MARBLE CANYON DRIVE. WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DOUG RIORDAN, PRESIDENT 9-11-00 (561) 798 4389
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)