

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0051121

DOCUMENT # N19881

1. Entity Name

PINEY POINT HOMEOWNERS, INC.

Principal Place of Business

8624 29TH AVE E
 PALMETTO FL 34221
 US

Mailing Address

8624 29TH AVE E
 PALMETTO FL 34221
 US

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

65-0056054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORP, WILLIAM R.
333 SOUTH TAMiami TRAIL
SUITE 199
VENICE FL 34285

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 **D**
 NAME **DEAN, HUEY**
 STREET ADDRESS **2815 -93RD ST E.**
 CITY-ST-ZIP **PALMETTO FL 34221**

☒ Delete

TITLE **President**
 NAME **Dean Huey**
 STREET ADDRESS **2815 93rd ST E**
 CITY-ST-ZIP **Palmetto, FL 34221**

☒ Change

☐ Addition

TITLE **V**
 NAME **HARTONG, JAMES**
 STREET ADDRESS **3304 -89TH ST E.**
 CITY-ST-ZIP **PALMETTO FL 34221**

☒ Delete

TITLE **Vice President**
 NAME **Al Long**
 STREET ADDRESS **8708 29th Ave E**
 CITY-ST-ZIP **Palmetto, FL 34221**

☒ Change

☐ Addition

TITLE **T**
 NAME **ERNEST, KORCHMA**
 STREET ADDRESS **3104 -93RD ST E.**
 CITY-ST-ZIP **PALMETTO FL 34221**

☒ Delete

TITLE **Beverly Zofall, Treasurer**
 NAME **3307 90th ST E**
 STREET ADDRESS **Palmetto, FL 34221**

☐ Change

☒ Addition

TITLE **S**
 NAME **CURLEY, BETTY**
 STREET ADDRESS **9167 34TH AVENUE EAST**
 CITY-ST-ZIP **PALMETTO FL 34221**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
 NAME **PLATT, CHARLES**
 STREET ADDRESS **3210 -93RD ST E.**
 CITY-ST-ZIP **PALMETTO FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **P**
 NAME **LONG, ALVIN**
 STREET ADDRESS **8708 -29TH AVE. E.**
 CITY-ST-ZIP **PALMETTO FL 34221**

☒ Delete

TITLE **Director**
 NAME **Ernest Korchma**
 STREET ADDRESS **3104 93rd ST E**
 CITY-ST-ZIP **Palmetto, FL 34221**

☒ Change

☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)