

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29520

1. Entity Name

PINE FOREST ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5670 W MURPHY CT  
BOX 3543  
HOMOSASSA FL 34446  
US

Mailing Address

5670 W MURPHY CT  
BOX 3543  
HOMOSASSA FL 34446  
US

2. Principal Place of Business

5614 W MURPHY CT

3. Mailing Address

5614 W MURPHY CT

Suite, Apt. #, etc.

BOX 3543

Suite, Apt. #, etc.

BOX 3543

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

Zip

34446

Country

US

Zip

34447

Country

US

6. Name and Address of Current Registered Agent

SCHARF, RAYMOND J J  
5540 W MURPHY COURT  
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent

Name

HELEN P. SINAPI

Street Address (P.O. Box Number is Not Acceptable)

5614 W. MURPHY CT.

City

HOMOSASSA FL.

FL

Zip Code

34446

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

*Helen P. Sinapi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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	STD	<input type="checkbox"/> Delete
NAME	KENNEDY, LILLIAN A.	
STREET ADDRESS	5737 W. MURPHY CT.	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, RAYMOND S	
STREET ADDRESS	5661 W SARDOCK COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHARF, RAYMOND J J	
STREET ADDRESS	5440 W MURPHY COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINAPI, HELEN	
STREET ADDRESS	5614 W. MURPHY CT	
CITY-ST-ZIP	HOMASASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBSON, ALICE	
STREET ADDRESS	5670 W MURPHY COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERCE, GLADYS	
STREET ADDRESS	5641 W MURPHY COURT	
CITY-ST-ZIP	HOMOSASSA FL 34446	

TITLE	UPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES RUNYON	
STREET ADDRESS	5541 W. MURPHY CT	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	D LINDA SGUTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5736 W. MURPHY CT	
STREET ADDRESS	HOMOSASSA, FL. 34446	
CITY-ST-ZIP		
TITLE	D FRANK ANDROWSKI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5689 W SARDOCK CT	
STREET ADDRESS	HOMOSASSA, FL. 34446	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINAPI HELEN	
STREET ADDRESS	5614 W. MURPHY CT	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
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:

*Lillian A. Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

352-628-6498



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)