

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2000 90027 035 \*\*\*\*61.25

**DOCUMENT # N31009**

1. Entity Name

**PINE RANCH EAST OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

379 PINE RANCH TR.  
 OSPREY FL 34229  
 US

P.O. BOX 1021  
 OSPREY FL 34229-1021  
 US

2. Principal Place of Business

3. Mailing Address

247 Pine Ranch Trail  
 Suite, Apt. #, etc.

P.O. Box 1021  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Osprey, Florida

Osprey, Florida

65-0106383

Not Applicable

Zip Country

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

34229

Sarasota

34229

Sarasota

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIEMBA, ROSALIND M**  
**357 PINE RANCH TRAIL**  
**OSPREY FL 34229**

Name

Ziemba, Rosalind M.

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

357 Pine Ranch Trail

City

Osprey

**FL**

Zip Code  
34229

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 Rosalind M. Ziemba

January 13, 2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	BLACKSTONE, NANCY C DR.	
STREET ADDRESS	379 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, EDWARD	
STREET ADDRESS	401 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZIEMBA, ROSALIND M	
STREET ADDRESS	357 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COMMANDER, STEPHEN	
STREET ADDRESS	456 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, JAMES	
STREET ADDRESS	296 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWANDOWSKI, MELODIE	
STREET ADDRESS	247 PINE RANCH TRAIL	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	p	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Lewandowski, Melodie	
STREET ADDRESS	247 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Rolfes, James	
STREET ADDRESS	280 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	Ziemba, Rosalind M.	
STREET ADDRESS	357 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Frederick, James	
STREET ADDRESS	296 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Wilson, Edward	
STREET ADDRESS	401 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Garbade, Sheila	
STREET ADDRESS	408 Pine Ranch Trail	
CITY-ST-ZIP	Osprey, Florida 34229	

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: Melodie Lewandowski  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 13, 2000

Date

Daytime Phone #