

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31009

1. Entity Name

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

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

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

Principal Place of Business 379 PINE RANCH TR. OSPREY FL 34229 US	Mailing Address P.O. BOX 1021 OSPREY FL 34229-1021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 247 Pine Ranch Trail Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1021 Suite, Apt. #, etc.
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City & State Osprey, Florida	City & State Osprey, Florida	4. FEI Number 65-0106383	Applied For <input type="checkbox"/> Not Applicable
Zip 34229	Country Sarasota	Zip 34229	Country Sarasota

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 January 13, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #