

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31780

1. Entity Name

PINE ISLAND SHORES, UNITS 10 AND 11 HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**2193 MACADAMIA STREET
ST. JAMES CITY FL 33956
US**

Mailing Address

**2193 MACADAMIA STREET
ST. JAMES CITY FL 33956
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

65-0246864

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

**DUVENECK, CARL
2193 MACADAMIA STREET
ST. JAMES CITY FL 33956**

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	PT	<input type="checkbox"/> Delete
NAME	DUVENECK, CARL	
STREET ADDRESS	2193 MACADAMIA STREET	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WOSORICK, ROSE MARIE	
STREET ADDRESS	MACADAMIA STREET	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOETJE, JACK	
STREET ADDRESS	2209 MACADAMIA STREET	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	TT	<input type="checkbox"/> Delete
NAME	KOETJE, CAROLYN M	
STREET ADDRESS	2209 MACADAMIA STREET	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVENECK, CARL	
STREET ADDRESS	2193 MACADAMIA LANE	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	SD / TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESORICK, RONALD	
STREET ADDRESS	2063 MACADAMIA	
CITY-ST-ZIP	ST. JAMES CITY, FL 33956	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOETJE JACK	
STREET ADDRESS	2209 MACADAMIA	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Carl Duvenceck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
Date

9412839545
Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE