

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90056 010 ****61.25

DOCUMENT # N35664

1. Entity Name

PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1608 BAY HAWK LA
 SAINT AUGUSTINE FL 32084
 US

1608 BAY HAWK LA
 SAINT AUGUSTINE FL 32084
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2997153

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROJAS, JAIME
1608 BAY HAWK LANE
ST AUGUSTINE FL 32086

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

Jaime Rojas

JAIMÉ ROJAS

2-14-02

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: **TD** Delete
 NAME: **MARSE, PATRICIA**
 STREET ADDRESS: **2117 WOODSTORK AVE**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32086**

TITLE: **TD** Change Addition
 NAME: **SEIDLICH RONALD**
 STREET ADDRESS: **2112 WOOD STORK AVE**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32084**

TITLE: **PD** Delete
 NAME: **ROJAS, JAIME**
 STREET ADDRESS: **1608 BAY HAWK LN.**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32086**

TITLE: **PD** Change Addition
 NAME: **ROJAS JAIME**
 STREET ADDRESS: **1608 BAY HAWK LN**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32084**

TITLE: **D** Delete
 NAME: **KELLY, VIRGINIA**
 STREET ADDRESS: **2129 WOOD STORK AVE**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32086**

TITLE: **VP** Change Addition
 NAME: **WALL CHRISTINE**
 STREET ADDRESS: **2137 WOOD STORK AVE**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32084**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **D** Change Addition
 NAME: **MINSON MEL**
 STREET ADDRESS: **1613 BAY HAWK LA**
 CITY-ST-ZIP: **ST AUGUSTINE FL 32084**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: 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:

Jaime Rojas

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIMÉ ROJAS

2-14-02

904 808 805

CR2E037 (9/01)