2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N35664

1. Entity Name

Principal Place of Business

PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIAT ION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90444 047 ****61.25

90022604

1608 BAY HAWK LA SAINT AUGUSTINE FL 32084		1608 BAY HAWK LA SAINT AUGUSTINE FL 32084			90022604			
US		US	J. J.					
2. Principal Place of Business Po. 3ox 860 184		3. Mailing Address Po Box 860 184				Olfid Olilo Offil Oldi Oldi	AIBYI BABIY AHAM BADI	II BIBIL IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State		•		4. FEI Number 59-2997153		I IAn	plied For	
ST AUCUSTINE FL		ST AUGUSTINE FO			4. FET Namoe: 39-2997 133		Not Applicable	
Zip Country USA		Zip 32086	Country USA		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					
The second of th			Name Miles Minson					
ROJAS, JAIME			Street Address (P.O. Box Number is Not Acceptable) 1613 BAY HAWK LAWE					
1608 BAY HAWK LANE ST AIJGUSTINE FL 32088			1613 BAY AROL LANCE					
טו אטַמע					7:0-4			
,			City STAUCUSTINE FL Zip Code 32084					
8. The above	named entity submiss this statement for	the purpose of changing its re	egistered office or	registered	agent, or both, in the	State of Florida. I a	m familiar with, a	and accept
the obligati	ons of registered agent.							
SIGNATURE 02-08-03								}
SIGNATURE .	Signature, typed or printed name of repistered agent a	and fille if applicable. (NOTE:	Registered Agent signatu	ure required wh	nen reinstating)	DAT	£	
	7							
9. Election Campa			paign Financing	9	55.00 May Be	Make Che	eck Payable 1	to
FILE NOW: FEE IS \$61.25 Trust Fund Con			ontribution.		dded to Fees	Florida Dep	artment of S	State
					DITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	
10.	OFFICERS AND DIF		11.	AL	DITIONS/CHANGES	TO OFFICERS AND	☐ Change	☐ Addition
TITLE NAME	SEIDLICH, RONALD	☐ Delete	TITLE				C change	
STREET ADDRESS	2112 WOOD STORK AVE		STREET ADDRESS					
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP					
TITLE	PD	Delete	TITLE	D			Change	☐ Addition
NAME	ROJAS, JAINE	• •	NAME ' ~ ~	380	MAS JA	HME		ľ
STREET ADDRESS	1608 BAY HAWK LN.		STREET ADDRESS CITY-ST-ZIP	160	& BAY HA	WK LN	32084	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084			-SA	W.T. TEUZUS	THE FC	☐ Change	Addition
TITLE NAME	WALL, CHRISTINE	Delete	TITLE NAME	-			Change	Addition
STREET ADDRESS	2137 WOOD STORK AVE		STREET ADDRESS					
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP		_			
TITLE	D	Delete	TITLE	PD			Change	Addition
NAMÉ	MINSON, MEL		NAME	WIN	sow Miles			
STREET ADDRESS	1613 BAY HAWK LANE		STREET ADDRESS	_	BAY HAWK			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084		CITY-ST-ZIP	ST.	Augustine	FL 3208	5 ℃ Change	Addition
TITLE	D. Chata	Delete	TITLE NAME				Change	Addition
NAME STREET ADDRESS	CLARK SHEILA 2132 WOOD STORK	Ane	STREET ADDRESS					
CITY-ST-ZIP	ST AUCUSTINE FL	32084	CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	CURTIS, BR	uce.	NAME					
STREET ADDRESS	2136 Wood STO	rk ave	STREET ADDRESS					ĺ
CITY-ST-ZIP	STAYUSTINE FL		CITY-ST-ZIP	1				
12. I hereby of	certify that the information supplied with	this filing does not qualify for t	the exemption states signature shall h	ited in Sect have the sa	ion 119.07(3)(i), Florid me legal effect as if n	da Statutes. I further nade under oath: tha	certify that the in it I am an officer	ntormation or director

indicated on mis report or supplemental report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 without their like empowered. changed, or on an attachment with an address

SIGNATURE: