


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

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

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

DOCUMENT # N35664

1. Entity Name
PINE LAKES OF ST. AUGUSTINE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**1608 BAY HAWK LA
SAINT AUGUSTINE FL 32084
US**

Mailing Address
**1608 BAY HAWK LA
SAINT AUGUSTINE FL 32084
US**

90022604



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
PO Box 860 184

3. Mailing Address
PO Box 860 184

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FL

City & State
ST AUGUSTINE FL

4. FEI Number **59-2997153**

Applied For
 Not Applicable

Zip **32086** Country **USA**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROJAS, JAIME
1608 BAY HAWK LANE
ST AUGUSTINE FL 32086

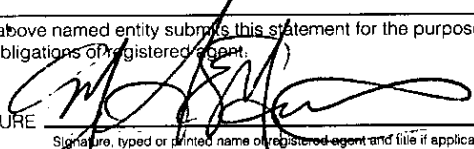
7. Name and Address of New Registered Agent

Name **Miles Minson**

Street Address (P.O. Box Number is Not Acceptable)
1613 BAY HAWK LANE

City **ST AUGUSTINE FL** Zip Code **32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **02-08-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SEIDLICH, RONALD 2112 WOOD STORK AVE SAINT AUGUSTINE FL 32084 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROJAS, JAINE 1608 BAY HAWK LN. SAINT AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WALL, CHRISTINE 2137 WOOD STORK AVE SAINT AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MINSON, MEL 1613 BAY HAWK LANE SAINT AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLARK Sheila 2132 WOOD STORK AVE ST AUGUSTINE FL 32084 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CURTIS, BRUCE 2136 WOOD STORK AVE ST AUGUSTINE FL 32084 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROJAS JAIME 1608 BAY HAWK LN SAINT AUGUSTINE FL 32084 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MINSON MILES 1613 BAY HAWK LANE ST. AUGUSTINE FL 32084 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **02-08-03** (904) 825-3125

CR2E037 (10/02)