

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90324 046 ****61.25

DOCUMENT

1. Entity Name

N50160 ✓
PINOER ACRES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

802 N. Lanier Ave
Fort Meade, FL 33841

Mailing Address

802 N. Lanier Ave
Fort Meade, FL 33841

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

65-0350733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOE L. DAVIS, INC.
234 S Sixth Ave
Wauchula, FL 33873

7. Name and Address of New Registered Agent

S. M. YOUNG PROPERTIES, INC.
802 N. Lanier Ave

Street Address (P.O. Box Number is Not Acceptable)

Fort Meade

FL Zip Code **33841**

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 **VPD** ☒ Delete
 NAME **Davis, Joe L. Jr.**
 STREET ADDRESS **322 N.E. Manley Rd. P.O. Box 1149**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Young, Michael C.**
 STREET ADDRESS **802 N. Lanier Ave**
 CITY-ST-ZIP **Fort Meade, FL 33841**

TITLE **PD** ☒ Delete
 NAME **See, James V. J.**
 STREET ADDRESS **707 Oak Forrest Dr. P.O. Box 1149**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Young, Stephanie, N.**
 STREET ADDRESS **802 N. Lanier Ave**
 CITY-ST-ZIP **Fort Meade, FL 33941**

TITLE **SD** ☒ Delete
 NAME **See, James, V.**
 STREET ADDRESS **1311 Citrus St P.O. Box 1149**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Davis, Amy**
 STREET ADDRESS **3792 E. Main Street**
 CITY-ST-ZIP **Wauchula, FL 33873**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #