

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000001118**

1. Entity Name

**PINE ACRES COMMUNITY ASSOCIATION CORPORATION**

Principal Place of Business

**10332 SW 119 ST.  
MIAMI FL 33176**

Mailing Address

**10332 SW 119 ST.  
MIAMI FL 33176**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**05-2172457**

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CASEY, DENNIS P  
10680 NW 25TH STREET  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Bonnie Taylor*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-11-02****After September 13, 2002,  
min. will be \$236.25.**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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KLEPONIS, PAUL</b>	
STREET ADDRESS	<b>12201 SW 112 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BONNIE</b>	
STREET ADDRESS	<b>10332 SW 119 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JOHN</b>	
STREET ADDRESS	<b>11521 SW 101 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PERRIN, GEORGE</b>	
STREET ADDRESS	<b>10300 SW 118 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TARTAK, LINDA</b>	
STREET ADDRESS	<b>10455 SW 117 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Bonnie Taylor***SIGNATURE REQUIRED****9-11-02****305-235-5067****FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90095 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)