

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90027 038 ****70.00

DOCUMENT # N96000001860

1. Entity Name

PINEFOREST HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12885 PINEFOREST WAY W.
 LARGO FL 33773**

**12885 PINEFOREST WAY W.
 LARGO FL 33773**

2. Principal Place of Business

3. Mailing Address

12601 Pineforest Way E

12601 Pineforest Way E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Largo, FL. 33773

City & State
Largo, FL. 33773

Zip
33773

Country
U.S.A.

Zip
33773

Country
U.S.A.

4. FEI Number
59-3373998

Applied For
 Not Applicable

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

**COMMUNITY MANAGEMENT CONCEPTS, INC.
 4175 EAST BAY DR. #205
 CLEARWATER FL 33764**

Name
Thomas Freeman

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

12601 Pineforest Way E.

City

Largo

FL

Zip Code
33773

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 **Thomas Freeman Sec/Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

April 18, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GATTUSO, SALVATORE 12920 PINEFOREST WAY W. LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MESTLER, JEFFREY 12614 PINEFOREST WAY E. LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREEMAN, GLORIA J 12601 PINEFOREST WAY E LARGO FL 33773	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEIULIUS, MICHAEL 12840 PINEFOREST WAY W. LARGO FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stone, Harold 12850 Pineforest Way W. Largo, FL. 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gattuso, Salvatore 12920 Pineforest Way W. Largo, FL. 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD Freeman Thomas 12601 Pineforest Way E Largo, FL. 33773	<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		<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: **Thomas Freeman Sec/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-727-535-8672

Date Daytime Phone #

CR2E037 (9/01)