2000 UNIFORM BUSINESS REPORT (UBR) 3/14/00-90003-047-\$61.25-\$61.25 DOCUMENT # N9600005680 FILED 1. Entity Name PINES VILLAGE PIONEERS, INC. 00 APR -3 AM 8:43 Principal Place of Business Mailing Address SECRETARY OF STATE 6836 SW 10TH STREET 6836 SW 10TH STREET PEMBROKE PINES FL 33023-1633 PEMBROKE PINES FL 33023 3. Mailing Address 2. Principal Place of Business 10 6836 S.W. PINES VILLAGE COMMUNITY CIR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 700 S.W. 13 STREET Pe<u>mbroke</u> 4. FEI Number Applied For City & State City & State embroke Pines 65-0706285 LORIGA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired BROWARD 3302B 3023 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) witoshyn<u>sky,</u> geraldine – 6836 SW 10TH STREET PEMBROKE PINES FL 33023 City 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. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change K Addition TITLE TITLE ☐ Delete BOEHM, PATRICIA E NAME Boehm, Charles NAME STREET ADDRESS STREET ADDRESS **621 SW 64TH WAY** 621 S. W. 64th Way Pembroke Pines, FL 33023 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33023 K Addition Delete TITLE TITLE V-P VENTURELLA, MARIE NAME NAME wells, Louie (Bob) 530 S. W. 69th Terrace STREET ADDRESS STREET ADDRESS 720 SW 68TH BLVD. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33023 Pembroke Pines, FL 33023 ☐ Delete S٦ TITLE TITLE WITOSHYNSKY, GERALDINE NAME NAME Thrift, Melissa STREET ADDRESS STREET ADDRESS 6836 SW 10TH ST 6430 S. W. 7th Street CITY-ST-ZIP Pembroke Pines, FL 33023 CITY-ST-ZIP <u>PEMBROKE PINES FL 33023</u> Addition TITLE TITLE De!ete NAME WELLS, CAROLYN J NAME O'Leary, Dorothy STREET ADDRESS STREET ADDRESS 530 SW 69TH TERRACE 6911 S. W. 12th Street CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 33023 Pembroke Pines, FL 33023 ☐ Addition ☐ Delete TITLE TITLE NAME NAME SPITZ, ANNA R STREET ADDRESS STREET ADDRESS 340 SW 64TH WAY CITY ST-7IP. CITY-ST-ZIP PEMBROKE PINES FL 33023 ☐ Addition Delete Change TITLE NAME venturella, dom NAME STREET ADDRESS STREET ADDRESS 720 SW 68TH BLVD. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 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 eath; 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT PINES CHARLES E BOEHN