

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90006 009 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000006586

1. Entity Name
PINE LAKES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 153 NORTHSIDE DRIVE SOUTH 153 NORTHSIDE DRIVE SOUTH
 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. P.O. Box 18793
 Suite, Apt. #, etc.

City & State **City & State**
 JACKSONVILLE, FL

4. FEI Number **Applied For**
 59-3432021 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**

SIMON, BERT C
 1660 PRUDENTIAL DRIVE
 SUITE 203
 JACKSONVILLE FL 32207

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.

SIGNATURE _____ **DATE** _____
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 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWE, LEE 11 NORTHSIDE DRIVE, S., UNIT 302 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LASHLEY, MARIAN 11 NORTHSIDE DRIVE S., UNIT 404 JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP ROBINSON, BECKY 11 NORTHSIDE DRIVE S., UNIT 102 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURBANO, NICHOLAS D. 153 NORTHSIDE DRIVE S. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DURBANO, NICHOLAS D 153 NORTHSIDE DRIVE S. JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLBORN, MICHAEL E. 11 NORTHSIDE DRIVE S., UNIT 304 JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LASHLEY, MARIAH 11 NORTHSIDE DRIVE S., UNIT 404 JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOFFMAN, VELICE 11 NORTHSIDE DRIVE S., UNIT 401 JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: MICHAEL E. COLBORN **MICHAEL E. COLBORN TD** 8 JAN 01 904 751 3467
Signature and typed or printed name of signing officer or director Date Daytime Phone #

