2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N97000000343** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name ALDEN PINES HOME OWNERS ASSOCIATION, INC. 04-03-2000 90110 045 ****61.25 Mailing Address Principal Place of Business 5400 PINE ISLAND ROAD 5400 PINE ISLAND ROAD SHITE D SUITE D **BOKEELIA FL 33922 BOKEELIA FL 33922-3254** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0655358 X Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WAGGONER, PAUL H 5400 PINE ISLAND ROAD 🕝 SUITE D City Zip Code FL **BOKEELIA FL 33922** 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 (NQTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State Added to Fees 1 FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE K Change ☐ Addition X Delete NAME MARK K. KRIEG, SR. NAME KEBERLE, ARNOLD STREET ADDRESS 7703 BRAND PINE RD STREET ADDRESS 14319 CLUBHOUSE DRIVE CITY-ST-ZIP Bokeelia FL 33922 <u>BOKEELIA, FLORIDA 33922</u> X Change ☐ Addition X Delete TITLE TITLE RICHARD E. SANNER NAMÉ NAME CROMLEY, LON 7748 GRANDE PINE ROAD STREET ADDRESS STREET ADDRESS 14041 CLUBHOUSE DRIVE CITY-ST-ZIP CITY-ST-7IF BOKEELIA, FLORIDA 3392<u>2</u> Bokeelia FL 33922 X Change Addition Delete TITLE TITLE n CATHERINE CABLE NAME NAME BEIGHLEY, RYAN 14075 BOKEELIA ROAD STREET ADDRESS STREET ADDRESS 14059 CLUBHOUSE DRIVE BOKEELIA, FLORIDA 33922 CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** Change ☐ Addition TITLE TITLE ☐ Delete NAME MARVIN, WILLIAM NAME STREET ADDRESS STREET ADDRESS 14421 CLUBHOUSE DR CITY-ST-ZIP CITY-ST-7IP **BOKEELIA FL 33922** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME BLUETT, BEVERLY NAME STREET ADDRESS STREET ADDRESS 14391 TAMARAC DR CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 chapted, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

changed or on an attachment with an address, with all other like empowered.

Catherine E. Cable, Chair

SIGNATURE:

CITY-ST-ZIP

3/28/2000

<u>941-283-6390</u>

Daytime Phone