

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000343**

1. Entity Name

ALDEN PINES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

**5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

Mailing Address

**5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0655358

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAGGONER, PAUL H
5400 PINE ISLAND ROAD
SUITE D
BOKEELIA FL 33922**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **D** ☐ Delete
NAME **KRIEG, MARK K SR**
STREET ADDRESS **14319 CLUBHOUSE DRIVE**
CITY-ST-ZIP **BOKEELIA FL 33922**TITLE **D** ☐ Delete
NAME **SANNER, RICHARD E**
STREET ADDRESS **7748 GRANDE PINE ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**TITLE **D** ☐ Delete
NAME **CABLE, CATHERINE**
STREET ADDRESS **14075 BOKEELIA ROAD**
CITY-ST-ZIP **BOKEELIA FL 33922**TITLE **D** ☒ Delete
NAME **BROBST, GERALD**
STREET ADDRESS **P.O. BOX 582**
CITY-ST-ZIP **PINELAND FL 33945**TITLE **D** ☐ Delete
NAME **BLUETT, BEVERLY**
STREET ADDRESS **14391 TAMARAC DR**
CITY-ST-ZIP **BOKEELIA FL 33922**TITLE **D** ☐ Delete
NAME **COX, KENNETH**
STREET ADDRESS **7660 GRANDE PINE RD.**
CITY-ST-ZIP **BOKEELIA FL 33922**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **RICHARD E. SANNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/2/02**Daytime Phone #: **941-283-7739**

CR2E037 (9/01)

0063870

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90067 010 ****61.25



DO NOT WRITE IN THIS SPACE