

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001896

1. Entity Name

PINE TRACE AT BINKS FOREST HOMEOWNERS' ASSOCIATI

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90024 040 \*\*\*\*61.25

Principal Place of Business

22151 SHOREWIND DR  
W PALM BEACH FL 33428  
US

Mailing Address

22151 SHOREWIND DR  
W PALM BEACH FL 33428-4707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0456167

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VALYO, PAUL  
22151 SHOREWIND DRIVE  
BOCA RATON FL 33428

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 \$61.25**

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          | PD                         | <input type="checkbox"/> Delete |
| NAME           | FALZONE, SAMUEL            |                                 |
| STREET ADDRESS | 15578 WHISPERING WILLOW DR |                                 |
| CITY-ST-ZIP    | WELLINGTON FL 33414        |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | HOLZER, LEONARD            |                                 |
| STREET ADDRESS | 15490 WHISPERING WILLOW DR |                                 |
| CITY-ST-ZIP    | WELLINGTON FL 33414        |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | DEMARCO, CHERYL            |                                 |
| STREET ADDRESS | 15385 WHISPERING WILLOW DR |                                 |
| CITY-ST-ZIP    | WELLINGTON FL 33414        |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | ADAMS, EDWARD              |                                 |
| STREET ADDRESS | 15426 WHISPERING WILLOW DR |                                 |
| CITY-ST-ZIP    | WELLINGTON FL 33414        |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Charles Hanlon              |  |
| STREET ADDRESS | 15442 Whispering Willow Dr. |  |
| CITY-ST-ZIP    | Wellington, Fl. 33414       |  |
| TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature*

1-25-2000

561-451-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)