

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90056 017 \*\*\*\*61.25

**DOCUMENT # N97000001896**

Entity Name

**PINE TRACE AT BINKS FOREST HOMEOWNERS' ASSOCIATI**

Principal Place of Business

22151 SHOREWIND DR  
W PALM BEACH FL 33428  
US

Mailing Address

22151 SHOREWIND DR  
W PALM BEACH FL 33428  
US

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

**65-0456167**

Applied For

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

**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 ☐ Delete  
NAME **FALZONE, SAMUEL**  
STREET ADDRESS **15578 WHISPERING WILLOW DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME **HOLZER, LEONARD**  
STREET ADDRESS **15490 WHISPERING WILLOW DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME **DEMARCO, CHERYL**  
STREET ADDRESS **15385 WHISPERING WILLOW DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME **ADAMS, EDWARD**  
STREET ADDRESS **15426 WHISPERING WILLOW DR**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE TD ☐ Change ☒ Addition  
NAME **Christensen, Thomas**  
STREET ADDRESS **15450 whispering willow Drive**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE D ☐ Delete  
NAME **HANLON, CHARLES**  
STREET ADDRESS **15442 WHISPERING WILLOW DR.**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

**SIGNATURE REQUIRED**  
*President*

Date

Daytime Phone #

CR2E037 (10/00)