

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006474

1. Entity Name

PINE LAKES HOMEOWNERS AND RESIDENTS ASSOCIATION

Principal Place of Business

Mailing Address

P.O. BOX 354886
PALM COAST FL 32135

P.O. BOX 354886
PALM COAST FL 32135-4886

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

59-3504009

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURR, DEMING
79 WEBSTER LANE
PALM COAST FL 32164

Name

LORNA DA COSTA JONES

Street Address (P.O. Box Number is Not Acceptable)

40 WEBER LANE

City

PALM COAST

FL

Zip Code

32164

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

4/20/2000

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. LISTED OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D.
NAME LINNEN, TOM
STREET ADDRESS 191 WELLINGTON DR
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

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

TITLE VP
NAME BRUBAKER, RUTH
STREET ADDRESS 27 WEBB LANE
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

TITLE CHANGE TITLE
NAME TO "M" FROM "VP" ☒ Change ☐ Addition
STREET ADDRESS SPELLING IS "BRUBAKER"
CITY-ST-ZIP

TITLE T.
NAME BLAIR, IRENE
STREET ADDRESS 77 WEBSTER LANE
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

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

TITLE S
NAME CALLAHAN, ALICE
STREET ADDRESS 68 WEDGEWOOD LN
CITY-ST-ZIP PALM COAST FL 32164 ☐ Delete

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

TITLE VP
NAME DEMING, BURR
STREET ADDRESS 79 WEBSTER LANE
CITY-ST-ZIP PALM COAST FL 32164 ☒ Delete

TITLE PARS
NAME JONES, LORNA D
STREET ADDRESS 40 WEBER LANE
CITY-ST-ZIP PALM COAST, FL 32164 ☐ Change ☒ Addition

TITLE D
NAME BURKHARDT, HELEN
STREET ADDRESS 17 WEBLO LN
CITY-ST-ZIP PALM COAST FL 32164 ☒ Delete

TITLE BURKHARDT
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

Daytime Phone #

CR2E037 (9/99)