

2000 UNIFORM BUSINESS REPORT (UBR)

3/4

DOCUMENT # N99000005483

1. Entity Name

PINECREST ESTATES HOME OWNERS ASSOCIATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-04-2000 90052 046 ****61.25

Principal Place of Business

Mailing Address

1661 AARON AVE.
ORLANDO FL 32811

1661 AARON AVE.
ORLANDO FL 32811-4115

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

☒ 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

WALCOTT, MAVIS
1661 AARON AVE.
ORLANDO FL 32811

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	WALCOTT, MAVIS T	
STREET ADDRESS	1661 AARON AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PALMER, MARIE B	
STREET ADDRESS	4204 NIMONS ST.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVE, SHANOD	
STREET ADDRESS	1605 CRESTLAWN AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURKE, LAFRETA <i>Lufreeta LB</i>	
STREET ADDRESS	1655 CRESTLAWN AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	
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		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)