

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744191

**FILED**  
**Mar 16, 2023**  
**Secretary of State**  
**8452110837CC**

**Entity Name:** PINE BREEZE GOLF VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5146 SE MILES GRANT TERR  
STUART, FL 34997

**Current Mailing Address:**

PINE BREEZE GOLF VILLAS  
P.O. BOX 1013  
PORT SALERNNO, FL 34992

**FEI Number: 59-1977363**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZMICH, TERRY  
5179 SE MILES GRANT TER  
STUART, FL 34997 US

*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: TERRY ZMICH**

**03/16/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ZMICH, TERRY  
Address        5125 SE MILES GRANT TERR  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            MECKUS, KEVIN  
Address        5143 SE MILES GRANT TER  
City-State-Zip: STUART FL 34997

Title            TREASURER  
Name            DOWD, ALENE  
Address        5154 SE MILES GRANT TER  
City-State-Zip: STUART FL 34997

Title            SECRETARY  
Name            BARNES, KATHY  
Address        5163 SE MILES GRANT TER  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            WEED, BETTY  
Address        5179 SE MILES GRANT TER  
City-State-Zip: STUART FL 34997

Title            VP  
Name            FURNISS, LARRY  
Address        5161 SE MILES GRANT RD  
City-State-Zip: STUART FL 34997

Title            DIRECTOR  
Name            D'ARCO, JOE  
Address        5171 SE MILES GRANT RD  
City-State-Zip: STUART FL 34997

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALENE DOWD**

**TREASURER**

**03/16/2023**

Electronic Signature of Signing Officer/Director Detail

Date