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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708885** **(9)**

1. Corporation Name

PINETREE MANOR CONDOMINIUM , INC.

Principal Place of Business	Mailing Address
2858 PINETREE DR.. #1 MIAMI BEACH 33140	SCHOENFELD 3731 N. COUNTRY CLUB DR. #1529 AVENTURA FL 33180-1744 US

3. Date Incorporated or Qualified: 05/04/1965
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business	2a. Mailing Address
21 2858 PINETREE DR	26 3731 No. COUNTRY CLUB
Suite, Apt. #, etc. 22 #1	Suite, Apt. #, etc. 27 DR. #1529
City & State 23 MIAMI BEACH, FL	City & State 28 AVENTURA, FL
Zip / Country 24 33140 / 25 DADE	Zip / Country 29 33180 / 30 DADE

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOENFELD, LILLIAN 3731 N. COUNTRY CLUB DR. 1529 AVENTURA FL 33180	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lillian Schoenfeld Secty. trea. 1/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, JOSE		1.2 NAME		
STREET ADDRESS	2858 PINETREE DR. 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MANDIO, ELEANOR		2.2 NAME		
STREET ADDRESS	2858 PINTREE DR. 6		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHOENFELD, LILLIAN		3.2 NAME		
STREET ADDRESS	3731 N. COUNTRY CLUB DR. 1529		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		3.4 CITY-ST-ZIP		
TITLE	2VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PANN, MEIR		4.2 NAME		
STREET ADDRESS	2858 PINETREE DR. #7		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian Schoenfeld 1/20/97 (305) 674-2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0033396