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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708885** (9)

1. Corporation Name

PINETREE MANOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

2858 PINETREE DR
#1
MIAMI BEACH 33140
US

3731 N COUNTRY CLUB DR
#1529
AVENTURA FL 33180
US



3. Date Incorporated or Qualified

05/04/1965

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **2858 PINETREE DRIVE**

26 **P.O. BOX 403503**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI BEACH, FL**

27 **MIAMI BEACH, FL**

City & State

City & State

23 **MIAMI BEACH, FL**

28 **MIAMI BEACH, FL**

Zip

Country

Zip

Country

24 **33140**

25 **USA**

29 **33140**

30 **USA**

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 **JUAN P. LOPEZ**

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

2858 PINETREE DRIVE

83 **UNIT B**

84 City **MIAMI BEACH**

FL

85 Zip Code

33140

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

JUAN P. LOPEZ - SECRETARY - TREASURER - 08 Jan 1998

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
NAME **GONZALEZ, JOSE**
STREET ADDRESS **2858 PINETREE DR. 4**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DVP** ☐ DELETE
NAME **MANDIO, ELEANOR**
STREET ADDRESS **2858 PINETREE DR. 6**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DST** ☐ DELETE
NAME **SCHOENFELD, LILLIAN**
STREET ADDRESS **3731 N. COUNTRY CLUB DR. 1529**
CITY-ST-ZIP **AVENTURA FL**

TITLE **2VP** ☐ DELETE
NAME **PANN, MEIR**
STREET ADDRESS **2858 PINETREE DR. #7**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **PRESIDENT (DP)** ☒ Change ☐ Addition
1.2 NAME **MEIR PANN**
1.3 STREET ADDRESS **2858 PINETREE DRIVE #7**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

2.1 TITLE **VICE PRESIDENT (DVP)** ☒ Change ☐ Addition
2.2 NAME **JOSE GONZALEZ**
2.3 STREET ADDRESS **2858 PINETREE DRIVE #6**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

3.1 TITLE **SECRETARY-TREASURER (DST)** ☐ Change ☒ Addition
3.2 NAME **JUAN P. LOPEZ**
3.3 STREET ADDRESS **2858 PINETREE DR #8**
3.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

4.1 TITLE **BOARD MEMBER** ☒ Change ☐ Addition
4.2 NAME **ELEANOR MANDIO**
4.3 STREET ADDRESS **2858 PINETREE DRIVE #6**
4.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

5.1 TITLE **BOARD MEMBER** ☒ Change ☐ Addition
5.2 NAME **LILLIAN SCHOENFELD**
5.3 STREET ADDRESS **3731 N COUNTRY CLUB DRIVE #1529**
5.4 CITY-ST-ZIP **AVENTURA, FL 33180**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

JUAN P. LOPEZ SECRETARY-TREASURER, 08 Jan 1998 (305) 673-6893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)