

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **722873** (7)
1. Corporation Name
PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5825 SOUTHWEST 119 STREET MIAMI FL 33156 **5825 SOUTHWEST 119 STREET MIAMI FL 33156**

3. Date Incorporated or Qualified **03/10/1972** 3a. Date of Last Report **01/24/1995**
4. FEI Number **59-2192749** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
WOLFSDORF, JACK
5825 S.W. 119 STREET
MIAMI FL 33156

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOLFSDORF, JACK	
STREET ADDRESS	5825 S.W. 119TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEISTER, SUSAN	
STREET ADDRESS	5880 S.W. 116TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEVIN, BARBARA	
STREET ADDRESS	11801 S.W. 57TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	SEIDEL, CHARLOTTE	
STREET ADDRESS	5880 S.W. 117TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KALISH, EDWARD	
STREET ADDRESS	5760 S.W. 116TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	NACHWALTER, RENNY	
STREET ADDRESS	5920 S.W. 116TH STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	MIAMI, FL 33156	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	MIAMI, FL 33156	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	MIAMI, FL 33156	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	MIAMI, FL 33156	
6.1 TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ESCAGEDO, ANA MARIA	
6.3 STREET ADDRESS	5745 S.W. 119TH STREET	
6.4 CITY-ST-ZIP	MIAMI, FL 33156	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Edward A. Kalish, Treasurer* 3/11/96 305-373-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD A. KALISH, TREASURER Daytime Phone #

CR2E037 (12/95)