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Mar 09 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 # 722873 (7)
 1. Corporation Name
PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5825 SOUTHWEST 119 STREET MIAMI FL 33156	Mailing Address 5825 SOUTHWEST 119 STREET MIAMI FL 33156
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3. Date Incorporated or Qualified
03/10/1972

4. FEI Number
59-2192749

Applied For	Not Applicable
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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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

WOLFSDFORF, 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

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

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOLFSDFORF, JACK	
STREET ADDRESS	5825 S.W. 119TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input checked="" 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 type="checkbox"/> DELETE
NAME	ESCAGEDO, ANA MARIA	
STREET ADDRESS	5745 SW 119TH STREET	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Edward A. Kalish, Treasurer* 3/2/98 305-668-2580

CR2E037 (10/97)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7.1 TITLE D
7.2 NAME HARPER, ALAN
7.3 ADDRESS 5841 S.W. 116TH STREET
7.4 CITY-ST-ZIP MIAMI, FLORIDA 33156

8.1 TITLE D
8.2 NAME HOFFMAN, RICHARD
8.3 ADDRESS 11621 S.W. 57TH COURT
8.4 CITY-ST-ZIP MIAMI, FLORIDA 33156

9.1 TITLE D
9.2 NAME PFAFF, RUSSELL
9.3 ADDRESS 5901 S.W. 116TH STREET
9.4 CITY-ST-ZIP MIAMI, FLORIDA 33156

10.1 TITLE D
10.2 NAME RUBIN, TADD
10.3 ADDRESS 5745 S.W. 118TH STREET
10.4 CITY-ST-ZIP MIAMI, FLORIDA 33156

11.1 TITLE D
11.2 NAME TEMLING, PETER
11.3 ADDRESS 5940 S.W. 116TH STREET
11.4 CITY-ST-ZIP MIAMI, FLORIDA 33156