2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#722873

FILED Apr 17, 2005 Secretary of State

Entity Name: PINE BAY ESTATES HOMEOWNERS ASSOCIATON, INC.

Current Pr	incipal Place of	Business:	New Prince	New Principal Place of Business:			
5745 SW 1 CORAL GA	18 ST. ABLES, FL 3315	3		5745 S.W. 118TH ST. CORAL GABLES, FL 33156			
Current Mailing Address:			New Maili	New Mailing Address:			
5745 SW 1 CORAL GA	18 ST. ABLES, FL 3315	6		118TH ST. ABLES, FL 33156			
FEI Number:	59-2192749	FEI Number Applied For()	FEI Number Not App	licable () Cert	tificate of Status Desir	red ()	
Name and	Address of Cui	rent Registered Agent:	Name and	I Address of New I	Registered Agent:	:	
KALISH, E[5760 SW 1 CORAL GA		6 US	11801 S.W	BLUMBERG, MORTON B 11801 S.W. 57TH CT. CORAL GABLES, FL 33156 US			
The above in the State		omits this statement for the pu	pose of changing	its registered office	or registered agent	t, or both,	
SIGNATUR	E: MORTON B	. BLUMBERG			04/17/2005		
	Electronic	Signature of Registered Agent	t		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () De RUBIN, TAD 5745 SW 118 ST. CORAL GABLES,		Title: Name: Address: City-St-Zip:	()Chan	nge () Addition		
Title: Name: Address: City-St-Zip:	DS () De MEANS, KABRINA 5841 SW 116TH S CORAL GABLES,	TREET	Title: Name: Address: City-St-Zip:	()Chan	nge () Addition		
Title: Name: Address: City-St-Zip:	DAS () De SEIDEL, CHARLE 5880 S.W. 117TH CORAL GABLES,	ITE STREET	Title: Name: Address: City-St-Zip:	()Chan	nge () Addition		
Title: Name: Address: City-St-Zip:	DT () De KALISH, EDWARD 5760 S.W. 116TH CORAL GABLES,) STREET	Title: Name: Address: City-St-Zip:	DT (X) Char BLUMBERG, MORTC 11801 S.W. 57TH CT CORAL GABLES, FL	- .		
Title: Name: Address: City-St-Zip:	DVP () De ESCAGEDO, ANA 5745 SW 119TH S CORAL GABLES,	MARIA TREET	Title: Name: Address: City-St-Zip:	()Chan	nge () Addition		
Title: Name: Address: City-St-Zip:	DAT (X) Do BLUMBERG, MOR 11801 S.W. 57TH CORAL GABLES,	TON CT.	Title: Name: Address: City-St-Zip:	()Chan	nge () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MORTON B. BLUMBERG DT 04/17/2005