

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90146 050 \*\*\*\*70.00

DOCUMENT # **722873**

1. Entity Name  
**PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

~~6740 SOUTHWEST 117 ST  
MIAMI FL 33156~~

Mailing Address

~~6740 SOUTHWEST 117 ST  
MIAMI FL 33156~~

2. Principal Place of Business

**5745 S.W. 118 STREET**

3. Mailing Address

**5760 S.W. 116 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

4. FEI Number **59-2192749**

Applied For

Not Applicable

Zip

**33156**

Country

**U.S.A.**

Zip

**33156**

Country

**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TRATTLER, HENRY MD~~

~~6740 SOUTHWEST 117 ST  
MIAMI FL 33156~~

Name  
**EDWARD A. KALISH**

Street Address (P.O. Box Number is Not Acceptable)  
**5760 S.W. 116TH STREET**

City **CORAL GABLES** FL Zip Code **33156**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward A. Kalish **EDWARD A. KALISH** 03/17/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DP~~  Delete  
NAME ~~TRATTLER, HENRY MD~~  
STREET ADDRESS ~~6740 SOUTHWEST 117 ST~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE **DP**  Change  Addition  
NAME **TAD RUBIN**  
STREET ADDRESS **5745 S.W. 118TH STREET**  
CITY-ST-ZIP **CORAL GABLES, FLORIDA 33156**

TITLE **DS**  Delete  
NAME **MEANS, KABRINA**  
STREET ADDRESS **5841 SW 116TH STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DAS**  Delete  
NAME **SEIDEL, CHARLETTE**  
STREET ADDRESS **5880 S.W. 117TH STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **KALISH, EDWARD**  
STREET ADDRESS **5760 S.W. 116TH STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~  Delete  
NAME **ESCAGEDO, ANA MARIA**  
STREET ADDRESS **5745 SW 119TH STREET**  
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **DVP**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~AT~~  Delete  
NAME ~~RUBIN, ELLIE~~  
STREET ADDRESS ~~5745 S.W. 118TH STREET~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE **DAT**  Change  Addition  
NAME **MORTON BLUMBERG**  
STREET ADDRESS **11801 S.W. 57TH COURT**  
CITY-ST-ZIP **CORAL GABLES, FLORIDA 33156**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward A. Kalish **EDWARD A. KALISH** 03/17/2003 **305-668-2580**  
TREASURER

CR2E037 (10/02)

Attachment

80689501  
M22873

10.

OFFICERS AND DIRECTORS

TITLE D  
NAME PFAFF, RUSSELL  
ADDRESS 5901 S.W. 116TH STREET  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D  
NAME TEMLING, PETER  
ADDRESS 5940 S.W. 116TH STREET  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D  
NAME FLANAGAN, LUCY  
ADDRESS 5780 S.W. 116TH STREET  
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE D  
NAME BORJA, CANDACE  
ADDRESS 11800 S.W. 59TH AVENUE ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33156