2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #725881

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90556 004 ****61.25

1. Entity Nam PINE ISL INC.		GE CONDOMINI	IUM F AS	SSOCIATION,	133						
9420 LIVE OAK PL. 9			9420	Jailing Address 9420 LIVE OAK PLACE FT LAUDERDALE, FL 33324-4711			40075194				
2. Principal Place of Business 3. M			3. Mai	Mailing Address					1		
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04242005	Chg-NP	CR2E03	7 (10/03)	
City & State			Cit	City & State			4. FEI Number 59-1594	729		-	oplied For of Applicable
Zip Country		Zip				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered				······································			7. Name and Address of New Registered Agent				
MARDER, TERI 1520 WHITEHALL DR. #406 FT. LAUDERDALE, FL 33324						Name Street Address (P.O. Box Number is Not Acceptable)					
		,									
					C	ity			FL	Zip Cod	е
	tions of regist	y submits this statement ered agent. or printed name of registered age				ffice or register		, in the State of Fl	lorida. I am fa	amiliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2005											
Profession of the second				9. Election Carr Trust Fund C		cing	\$5.00 May Be Added to Fees		Make check rida Depart		
10.	Due by M		DIRECTORS					Flo	rida Depart	ment of Si	tate
10. °	Due by M	OFFICERS AND C	DIRECTORS		11. TITLE		Added to Fees	Flo	rida Depart	ment of Si	tate
10. 3 TITLE NAME	P MARDER,	OFFICERS AND C		Trust Fund C	11. TITLE NAME		Added to Fees	Flo	rida Depart	ECTORS IN	tate
10. °	P MARDER, 1520 WHI	OFFICERS AND C , TERI TEHALL DR, SUITE 4		Trust Fund C	11. TITLE	DRESS	Added to Fees	Flo	rida Depart	ECTORS IN	tate
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12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i), Honda Statutes. 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: March TER, MADER (RES) 4/33/11 954 472 5939.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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