

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728978 (8)

1. Corporation Name

THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O HOUCK, CARL J  
13025 SW 108TH AVENUE  
MIAMI FL 33176  
USC/O HOUCK, CARL J  
13025 SW 108TH AVENUE  
MIAMI FL 33176-5405  
US3. Date Incorporated or Qualified  
03/14/19743a. Date of Last Report  
03/04/19964. FEI Number  
59-1708472Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1/6 CARLOS M. TRUEBA

26 1/6 CARLOS M. TRUEBA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 12905 SW 107 COURT

27 12905 SW 107 COURT

City &amp; State

City &amp; State

23 MIAMI, FL, 33176

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33176

25 USA

29 33176

30 USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUCK, CARL J  
13025 SW 108TH AVENUE  
MIAMI FL 3317681 Name CARLOS M. TRUEBA  
82 Street Address (P.O. Box Number is Not Acceptable)  
1985 NW 88TH COURT  
83 SUITE 101  
84 City MIAMI FL 85 Zip Code 3317211. 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 617.0505, Florida Statutes.

SIGNATURE CARLOS M. TRUEBA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME KURZBAN, MARVIN  
STREET ADDRESS 12845 SW 107TH CT  
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME GURVITZ, RICHARD  
STREET ADDRESS 13025 SW 107 COURT  
CITY-ST-ZIP MIAMI FL 331762.1 TITLE DIRECTOR ☐ Change ☒ Addition  
2.2 NAME MICHAEL SILVERMAN  
2.3 STREET ADDRESS 10805 SW 128 TERRACE  
2.4 CITY-ST-ZIP MIAMI, FL 33176TITLE TD ☒ DELETE  
NAME HOUCK, CARL  
STREET ADDRESS 13025 SW 108TH COURT  
CITY-ST-ZIP MIAMI FL 331763.1 TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition  
3.2 NAME CARLOS M. TRUEBA  
3.3 STREET ADDRESS 12905 SW 107TH COURT  
3.4 CITY-ST-ZIP MIAMI, FL 33176TITLE SD ☒ DELETE  
NAME PEMSLER, BARRY  
STREET ADDRESS 13005 S.W. 108TH COURT  
CITY-ST-ZIP MIAMI FL 331764.1 TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition  
4.2 NAME NORMAN YOUNG  
4.3 STREET ADDRESS 13105 SW 108TH AVENUE  
4.4 CITY-ST-ZIP MIAMI FLORIDA 33176TITLE D ☒ DELETE  
NAME MORGAN, RICHARD  
STREET ADDRESS 13104 SW 107 CT  
CITY-ST-ZIP MIAMI FL 331765.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME CHESTER AYGER  
5.3 STREET ADDRESS 12924 SW 107 CT  
5.4 CITY-ST-ZIP MIAMI, FL 33176TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE DIRECTOR ☐ Change ☒ Addition  
6.2 NAME ALAN GNAIZDA  
6.3 STREET ADDRESS 10720 SW 131 TERRACE  
6.4 CITY-ST-ZIP MIAMI FL 3317614. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032025

CR2E037 (9/96)