## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

728978

(8)

## THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address			— Į         1 PERINT ROBUS ATORIO POLICE PERINT ADOLI DINIS DIORIA PROBLEMENTO DIORI	
C/O CARLOS M. TRUEBA		C/O CARLOS M. TRUEBA			3. Date Incorporated or Qualified	<del></del>
12906 SW 107TH COURT		12905 SW 107TH COURT				
MIAMI FL 33176		MIAMI FL 33176			03/14/1974 4. FEI Number Appl	ied For
US		U\$			1 <u> </u>	Applicable
2. Principal Place of Business		2e. Mailing Address			- ¢0.75	
21		26			5. Certificate of Status Desired Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution	
City & State		City & State			7. Is this nonprofit corporation a horpeowners association?	
23		28			¥ Yes □ No	
Zip Couritry		Zip	· • • • • • • • • • • • • • • • • • • •		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲	No
	9. Name and Address of Curre	ent Registered Agent		1	10. Name and Address of New Registered Agent	
1			81	Name		
TRUEBA, CARLOS M			82	82 Street Address (P.O. Box Number is Not Acceptable)		
1	V 88TH COURT		-	<b></b>		
STE 101			) B3	<b>'</b>		
MIAMI FL 33172			84	City	FL 85 Zip Co	de
11. Pursuant	to the provisions of Sections 617 05	02 and 617 1508. Florida Stat	utes the abov	e-named corr	• <del>-</del>	registered
office or i	registered agent, or both, in the Stat	e of Florida, Such change wa	s authorized b	y the corporat	poration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as re	gistered
1	arti familiar with, and accept the oblig	ganons or, Section 617.0003,	rionaa sialule	8.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (N	OTE Registered Ag	ent signature requir	red when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE 1.			☐ Change	Addition
NAME	KURZBAN, MARVIN		1.2 NAME			
STREET ADDRESS 12845 SW 107TH CT			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST- ZIP			ì
TITLE	D	DELETE	2.1 TITLE		Change	Addition
NAME	SILVERMAN, MICHAEL		2.2 NAME			
STREET ADDRESS 10805 SW 128TH TERRACE			2.3 STAEET	T ADDRESS		}
CITY-ST-ZIP	MIAMI FL		2. 4 C/TY-			j
TITLE			3.1 TOTLE		Change	Addition
NAME	TRUEBA, CARLOS M.		3.2 NAME			ļ
STREET ADDRESS	12905 SW 107TH COURT		3.3 STREE	T ADDRESS		· ·
CITY-ST-ZIP	MIAMI FL		3 4. CITY-			
TOTLE	SD	DELETE	4.1 TITLE		Change	Addition
NAME	YOUNG, NORMAN		4. 2 NAME			ŀ
STREET ADORESS	13105 SW 108TH AVE			T ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY - 5			
TITLE	D	DELETE 5:		y . B.17	☐ Change	Addition
NAME			5.2 NAME	1		
STREET ADDRESS	12924 SW 107TH COURT			T ADDRESS		ĺ
CITY-ST-ZIP	MIAMI FI		5.4 CiTY-5	1		
I GHY-SI-ZIP .	I MIZMITL		■ 5.4 U(IY~3	31~∡#′ E		T I

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 of 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 accurate with an address.

**63 STREET ADDRESS** 

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

GNAIZOA, ALAN

MIAMI FL

10720 SW 131ST TERRACE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

CARLOS M. TRUGBA - TR. 1/10/18 193-24

Change

Addition

**FILED** 

Feb 17 1998 8:00am

Secretary of State

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