

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 728978**  
 1. Entity Name  
 THOUSAND PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: C/O FRED FURGANG, 12824 SW 108 AVE, MIAMI, FL 33176 US  
 Mailing Address: C/O FRED FURGANG, 12824 SW 108 AVE, MIAMI, FL 33176 US



**DO NOT WRITE IN THIS SPACE**

01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-1708472  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 REHR, MICHAEL E ESQ.  
 9500 SOUTH DADELAND BLVD.  
 SUITE 550  
 MIAMI, FL 33156

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FURGANG, FRED
STREET ADDRESS	12824 SW 108 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	SD
NAME	MENDEZ, ALEX
STREET ADDRESS	12805 SW 108 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	YABLONSKY, JACKIE
STREET ADDRESS	12904 SW 108 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VD
NAME	ACOSTA, PABLO
STREET ADDRESS	13105 SW 108 AVE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	SCHRATTER, RAM
STREET ADDRESS	12824 SW 107CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	FISHER, PAUL
STREET ADDRESS	13024 SW 107 CT
CITY-ST-ZIP	MIAMI, FL 33176

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jackie Yablonsky 1-17-05 305-233-3388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #