

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90259 041 ****61.25

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1. Entity Name

PINEBROOK LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

100 PINEBROOK DRIVE
FT. MYERS FL 33907

Mailing Address

100 PINEBROOK DRIVE
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2255301

Applied For

Not Applicable

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

MURRAY, JUDY
100 PINEBROOD DR
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Judith A. Murray, Plus

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

(NOTE: Registered Agent signature required when reinstating)

2/28/05

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2005**

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, WILLIAM	
STREET ADDRESS	118 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, RICHARD	
STREET ADDRESS	121 PINEBROOK DR	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATRICK, MICHELLE	
STREET ADDRESS	133 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	P	<input type="checkbox"/> Delete
NAME	MURRAY, JUDY	
STREET ADDRESS	100 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, EDWARD	
STREET ADDRESS	127 PINEBROOK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, CONNIE	
STREET ADDRESS	206 PINEBROOK DR	
CITY-ST-ZIP	FORT MYERS FL 33907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meir Smilovitz	
STREET ADDRESS	125 Pinebrook Dr	
CITY-ST-ZIP	FM FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Judith A. Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05 239-437-3442

Date

Daytime Phone #