

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

DOCUMENT # N03000008164

1. Entity Name
PINEBROOKE CONDOMINIUM V ASSOCIATION, INC.



Principal Place of Business

15907 SW 91 CT
MIAMI, FL 33157

Mailing Address

15907 SW 91 CT
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



07222005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

14-1896513

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U00000374417
07/25/05-80009-005 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, DOUGLAS F
STREET ADDRESS 15907 SW 91 CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE D
NAME HEREDIA, SOFIA E
STREET ADDRESS 15907 SW 91 CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE D
NAME QUESADA, ORLANDO
STREET ADDRESS 15907 SW 91 CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS F. SMITH

Date

Daytime Phone #

7/22/05 305-255-6016