

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90039 043 ****61.25

DOCUMENT # N93000000617

1. Entity Name
PINE ISLAND BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 % LANDMARK MANAGEMENT SERVICES
 12323 SW 55 ST., SUITE 1002
 COOPER CITY, FL 33330 US

Mailing Address
 % LANDMARK MANAGEMENT SERVICES
 12323 SW 55 ST., SUITE 1002
 COOPER CITY, FL 33330 US

54013608



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0414697

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SWIFT MANAGEMENT SOLUTIONS
 1750 UNIVERSITY DR #205
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent

Name
Landmark Management Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
12323 SW 55 ST Suite 1002

City *Cooper City* **FL** Zip Code *33330*

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 May 1, 2004

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	PD	<input type="checkbox"/> Delete
NAME	CABALLERO, BARBARA	
STREET ADDRESS	4352 S.W. 84TH TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVANGA, JOE	
STREET ADDRESS	4352 S.W. 84TH TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAKANO, UBIRAJARA	
STREET ADDRESS	4352 S.W. 84TH TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DENNISON, RUTH	
STREET ADDRESS	4352 SW 84TH TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLINE, DAVID	
STREET ADDRESS	4352 SW 84TH TERRACE	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randall Clutter	
STREET ADDRESS	4411 Sw 82 Way	
CITY-ST-ZIP	DAVIE, FL 33328	
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: *J. Salvagna* **J. SALVAGNA** *1-22-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #