


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90034 010 ****61.25

DOCUMENT # N9300000617

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



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

40011741



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01142005 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

LANDMARK MGMT. SVCS., INC.
12323 SW 55 ST.
STE. 1002
FORT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent

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 _____ (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 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABALLERO, BARBARA 4352 S.W. 84TH TERRACE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Black 8412 SW 44 PLACE DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALVANGA, JOE 4352 S.W. 84TH TERRACE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Debra London 8335 SW 42 CT DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAKANO, UBIRAJARA 4352 S.W. 84TH TERRACE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENNISON, RUTH 4352 SW 84TH TERRACE DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLUTTER, RANDALL 4411 SW 82 WAY FORT LAUDERDALE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: B. Caballero 1/20/05 Date Daytime Phone #