

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-11-2006 90245 011 ****61.25

DOCUMENT # N94000003847 1. Entity Name PINEBROOK CONDOMINIUM "J" ASSOCIATION, INC.					
Principal Place of Business 9114 SW 159 Terrace 9110 SW 159 TERRACE MIAMI FL 33157				Mailing Address 9114 SW 159 Terrace 9110 SW 159 TERRACE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05) 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number NO-T APPLICABLE				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERTEL CATHERINE 9110 S.W. 159 TERRACE MIAMI FL 33157 Dianne Cox 9114 SW 159 Terrace Miami, FL 33157				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 <u><i>Dianne Cox</i></u> DATE <u>5-6-06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	PTD ERTEL, CATHERINE 9110 S.W. 159 TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JARVIS, LYNN 9110 S.W. 159 TERRACE MIAMI FL	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COX, DIANNE 9114 S.W. 159 TERRACE MIAMI FL Dianne (Correction)	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD THELWELL, YVONNE 9112 S.W. 159 TERRACE MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Chris Knecht Add 9116 SW 159 Terrace MIAMI, FL 33157 Add	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u><i>Dianne Cox</i></u> <u>6-15-06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					