2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N94000003847

Entity Name: PINEBROOK CONDOMINIUM "J" ASSOCIATION, INC.

Current Principal Place of Business:

9110 SW 159 TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

9110 SW 159 TERRACE
MIAMI, FL 33157

New Mailing Address:

9114 SW 159 TERRACE
MIAMI, FL 33157

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERTEL, CATHERINE
9110 S.W. 159 TERRRACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: ERTEL, CATHERINE
Address: 9110 S.W. 159 TERRACE
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: COX, DIANNE
Address: 9114 S.W. 159 TERRACE
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete
Name: THELWELL, YVONNE
Address: 9112 S.W. 159 TERRACE
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete
Name: KNECHT, CHRIS
Address: 9116 SW 159 TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FRAIND, ARLINE
Address: 9116 SW 159 TERRACE
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE L. COX PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date