

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **761066** (0)

1. Corporation Name  
**PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **12640 S.W. 114TH AVE. MIAMI FL 33176**  
Mailing Address: **12640 S.W. 114TH AVE. MIAMI FL 33176**

3. Date Incorporated or Qualified: **01/07/1982**  
3a. Date of Last Report: **01/25/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
					<b>NOT APPLICABLE</b>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

**9. Name and Address of Current Registered Agent**

**MARSHALL, JOHN P.  
12515 S.W. 112TH COURT  
MIAMI FL 33176**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MARSHALL, JOHN</del>	1.2 NAME	SCHWARTZ, LARRY
STREET ADDRESS	<del>12515 S.W. 112 COURT</del>	1.3 STREET ADDRESS	12261 SW 113 AVE
CITY - ST - ZIP	<del>MIAMI FL</del>	1.4 CITY - ST - ZIP	MIAMI, FL 33176
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, KARIN E.	2.2 NAME	
STREET ADDRESS	12640 S.W. 114TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALENCICAS, JOANN	3.2 NAME	
STREET ADDRESS	12505 S.W. 112TH CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SLAMA, JOE</del>	4.2 NAME	WYLDE, KEITH
STREET ADDRESS	<del>12420 SW 112TH AVE.</del>	4.3 STREET ADDRESS	12301 SW 113 AVE
CITY - ST - ZIP	<del>MIAMI FL</del>	4.4 CITY - ST - ZIP	MIAMI, FL 33176
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karin E. Barrett Tr.* **KARIN E. BARRETT TREASURER** **1/29/96 (305) 251-6935**  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E037 (12/95)