

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

Mailing Address

12640 S.W. 114TH AVE.  
MIAMI FL 33176

12640 S.W. 114TH AVE.  
MIAMI FL 33176

3. Date Incorporated or Qualified  
01/07/1982

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP  
NAME ~~MARSHALL, JOHN~~  
STREET ADDRESS ~~12515 S.W. 112 COURT~~  
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

11 TITLE VP  
12 NAME SCHWARTZ, LARRY  
13 STREET ADDRESS 12261 SW 113 AVE  
14 CITY-ST-ZIP MIAMI, FL 33176

☒ Change

☐ Addition

TITLE TD  
NAME BARRETT, KARIN E.  
STREET ADDRESS 12640 S.W. 114TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME ALENCICAS, JOANN  
STREET ADDRESS 12505 S.W. 112TH CT.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME ~~SLAMA, JOE~~  
STREET ADDRESS ~~12420 SW 112TH AVE.~~  
CITY-ST-ZIP ~~MIAMI FL~~

☐ DELETE

41 TITLE P.D.  
42 NAME WYLDE, KEITH  
43 STREET ADDRESS 12301 SW 113 AVE  
44 CITY-ST-ZIP MIAMI, FL 33176

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KARIN E. BARRETT TREASURER

1/29/96 (305) 251-6935  
Date Daytime Phone #

CR2E037 (12/95)