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May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33176-4510  
*12515 S.W. 112 Ct. Miami, FL 33176*

2. Principal Place of Business: *12515 S.W. 112 Ct. Miami, FL 33176*  
2a. Mailing Address: *12515 S.W. 112 Ct. Miami, FL 33176*  
22. City & State: *Miami FL*  
27. City & State: *Miami FL*  
24. Zip: *33176* 25. Country: *Dade*  
29. Zip: *33176* 30. Country: *Dade*

3. Date Incorporated or Qualified: 01/07/1982  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 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  
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: FL

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: *John P. Marshall* (NOTE: Registered Agent signature required when this change is made) DATE: *4-17-97*

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWARTE, LARRY	
STREET ADDRESS	12261 SW 113TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, KARIN E.	
STREET ADDRESS	12640 S.W. 114TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALENCICAS, JOANN	
STREET ADDRESS	12505 S.W. 112TH CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WYLDE, KEITH	
STREET ADDRESS	12301 SW 113TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>TD Marshall, John P.</i>
2.3 STREET ADDRESS	<i>12515 S.W. 112 Ct</i>
2.4 CITY - ST - ZIP	<i>Miami FL 33176</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *John P. Marshall* DATE: *4-17-97*

CR2E037 (9/96)