

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 761066 (0)  
1. Corporation Name  
PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
12515 SW 112 CT MIAMI FL 33176 US  
12515 SW 112 CT MIAMI FL 33176 US

3. Date Incorporated or Qualified  
01/07/1982  
4. FEI Number  
NOT APPLICABLE  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 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

TITLE	TD	<del>PO VP</del> <del>VP</del> <del>TD</del>	<input type="checkbox"/> DELETE
NAME	SCHWARTE, LARRY		
STREET ADDRESS	12261 SW 113TH AVENUE		
CITY-ST-ZIP	MIAMI FL D		
TITLE	PD	<del>PO</del> <del>VP</del> <del>PO</del>	<input type="checkbox"/> DELETE
NAME	MARSHALL, JOHN P.		
STREET ADDRESS	12515 SW 112 CT		
CITY-ST-ZIP	MIAMI FL D		
TITLE	SD		<input type="checkbox"/> DELETE
NAME	ALENCICAS, JOANN		
STREET ADDRESS	12505 S.W. 112TH CT.		
CITY-ST-ZIP	MIAMI FL		
TITLE	VP	<del>VP</del> <del>VP</del>	<input type="checkbox"/> DELETE
NAME	WYLDE, KEITH		
STREET ADDRESS	12301 SW 113TH AVENUE		
CITY-ST-ZIP	MIAMI FL D		
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

TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	VICE PRESIDENT	<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 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: LARRY SCHWARTE TREAS. 4/8/98 305-688-1174

CR2E037 (10/97)