

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90010 018 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 761066

1. Entity Name
PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

12515 SW 112 CT 12515 SW 112 CT
 MIAMI FL 33176 MIAMI FL 33176-4501
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete
NAME	SCHWARTE, LARRY
STREET ADDRESS	12261 SW 113TH AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	PD <input type="checkbox"/> Delete
NAME	MARSHALL, JOHN P
STREET ADDRESS	12515 SW 112 CT
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	VP <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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD ACOSTA, VIVIAN
STREET ADDRESS	12340 SW 112 Ave
CITY-ST-ZIP	Miami FL 33176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *John P. Marshall* Date: **5-10-2000** Daytime Phone #: **305-251-2515**

CR2E037 (9/99)