

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761066

1. Entity Name

PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

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

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

Principal Place of Business

12515 SW 112 CT
MIAMI FL 33176
US

Mailing Address

12515 SW 112 CT
MIAMI FL 33176-4501
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS SCHWARTE, LARRY
CITY-ST-ZIP 12261 SW 113TH AVENUE
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS MARSHALL, JOHN P
CITY-ST-ZIP 12515 SW 112 CT
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS ACOSTA, VIVIAN
CITY-ST-ZIP 12340 SW 112 Ave
Miami FL 33176

TITLE ☐ Delete
NAME VP
STREET ADDRESS WYLDE, KEITH
CITY-ST-ZIP 12301 SW 113TH AVENUE
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

John P. Marshall
5-10-2000
305-251-2515

Date

Daytime Phone #

CR2E037 (9/99)