

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90014 030 \*\*\*\*61.25

**DOCUMENT # 761066**

1. Entity Name

**PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

12515 SW 112 CT  
 MIAMI FL 33176  
 US

Mailing Address

12515 SW 112 CT  
 MIAMI FL 33176  
 US

2. Principal Place of Business

3. Mailing Address

12261 S.W. 113 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 MIAMI, FL

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

33176

USA

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**  
**After September 12, 2001, min. will be \$236.25**

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	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	ACOSTA, VIVIAN	
STREET ADDRESS	12340 SW 112 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE: \_\_\_\_\_

**SIGNATURE REQUIRED**

7/17/01 305-688-0074

CR2E037 (5/01)