

FILED
Jun 30, 2002 8:00 am
Secretary of State

05-24-2002 91344 018 ****61.25

**NOT-FOR-PROFIT CORPORATION-
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *761066*
 1. Entity Name *Pine shore lakefront HOA INC.*

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95654

2. Principal Place of Business <i>12301 SW 113 Avenue</i>		3. Mailing Address <i>Same</i>	
City & State <i>Miami, Florida</i>		City & State	
Zip <i>33176</i>	Country <i>USA</i>	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name <i>W. Keith Wylda</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>12301 SW 113 Avenue</i>	
		City <i>Miami</i>	FL

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 *W. Keith Wylda, President* *[Signature]* *5/15/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE

FEE IS \$81.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President W. Keith Wylda 12301 SW 113 Ave Miami, FL 33176</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Treasurer Larry Swartz 12201 SW 113 Ave Miami, FL 33176</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Mack Talley 11225 SW 128th Street Miami, FL 33155</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Keith Wylda [Signature] President* *5/15/02* *305-669-3006*
Signature and typed or printed name of signing officer or director. Date. Daytime Phone