


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90253 016 \*\*\*\*61.25

|   |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
|---|---------|---|--|---|-------|-------|------|----------------|--|--|----------------|--|-----------------------|-----------------------|-------------|-------------|--|----------------------|----------------------|--|-------|---------|------|------------|--|----------------|--|--|---------------------|--|-------------|--|--|----------------------|--|
| <b>DOCUMENT # 742107</b><br>1. Entity Name<br><b>PINELAKE CONDOMINIUM ASSOCIATION, INC.</b>   |         |   |  |  |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| Principal Place of Business<br>6700 NW BROKEN SOUND PKWY<br>#203<br>BOCA RATON, FL 33487 US   |         |   | Mailing Address<br>6700 NW BROKEN SOUND PKWY<br>#203<br>BOCA RATON, FL 33487 US  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| 2. Principal Place of Business<br><b>639 E. Ocean Ave</b><br>Suite, Apt. #, etc. <b>#204</b>  |         | 3. Mailing Address<br><b>639 E. Ocean Ave</b><br>Suite, Apt. #, etc. <b>#204</b>                                    |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| City & State<br><b>Boynton Beach, FL</b><br>Zip <b>33435</b> Country <b>USA</b>   |         | City & State<br><b>Boynton Beach, FL</b><br>Zip <b>33435</b> Country <b>USA</b>                                     |  | 4. FEI Number<br><b>59-1810416</b>  |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| 6. Name and Address of Current Registered Agent<br><b>ELIAS, HOWARD</b><br><b>6700 NW BROKEN SOUND PKWY</b><br><b>STE 203</b><br><b>BOCA RATON, FL 33487</b>  |         |   | 7. Name and Address of New Registered Agent<br>Name <b>Management Svcs of America</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>639 E. Ocean Ave #204</b><br>City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33435</b> |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____  |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>                          |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">T</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">CHALE, ALLEN</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3809 BRIDGEWOOD DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>BOCA RATON, FL 33434</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">TD</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Myron Katz</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3505 Bridgewood Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>Boca Raton, FL 33434</td> <td></td> </tr> </table> </div> </div> |         |   |  |   |       | TITLE | T    | NAME           | CHALE, ALLEN                               | <input checked="" type="checkbox"/> Delete | STREET ADDRESS |  |                       | 3809 BRIDGEWOOD DRIVE |             | CITY-ST-ZIP |  |                      | BOCA RATON, FL 33434 |  | TITLE | TD      | NAME | Myron Katz | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | STREET ADDRESS |  |  | 3505 Bridgewood Dr. |  | CITY-ST-ZIP |  |  | Boca Raton, FL 33434 |  |
| TITLE   | T       | NAME  | CHALE, ALLEN   | <input checked="" type="checkbox"/> Delete  |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   | 3809 BRIDGEWOOD DRIVE  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| CITY-ST-ZIP   |         |   | BOCA RATON, FL 33434   |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| TITLE   | TD      | NAME  | Myron Katz   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   | 3505 Bridgewood Dr.  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">VP</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">D'ADDIO, LOU</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>3704 BRIDGEWOOD DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>BOCA RATON, FL 33434</td> <td></td> </tr> </table>   |         |   |  |   | TITLE | VP    | NAME | D'ADDIO, LOU   | <input type="checkbox"/> Delete            | STREET ADDRESS                             |                |  | 3704 BRIDGEWOOD DR.   |                       | CITY-ST-ZIP |             |  | BOCA RATON, FL 33434 |                      | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Henry Levy</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | TITLE | D       | NAME | Henry Levy | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS |  |  |                     |  | CITY-ST-ZIP |  |  |                      |  |
| TITLE   | VP      | NAME  | D'ADDIO, LOU   | <input type="checkbox"/> Delete   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   | 3704 BRIDGEWOOD DR.  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| TITLE   | D       | NAME  | Henry Levy   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| STREET ADDRESS  |         |   | 3406 BRIDGEWOOD DR.  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| TITLE   | D       | NAME  | HERBSTMAN, SID   | <input checked="" type="checkbox"/> Delete  |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   | 3608 BRIDGEWOOD DRIVE  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| TITLE   | [Blank] | NAME  | [Blank]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| TITLE   | P       | NAME  | OGMAN, LISA  | <input type="checkbox"/> Delete   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   | 3310 BRIDGEWOOD DRIVE  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| TITLE   | [Blank] | NAME  | [Blank]  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
| STREET ADDRESS  |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |
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| 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 <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____   |         |   |  |   |       |       |      |                |  |  |                |  |                       |                       |             |             |  |                      |                      |  |       |         |      |            |  |                |  |  |                     |  |             |  |  |                      |  |