

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

04-30-2004 90286 027 ****61.25

DOCUMENT # N03000007571					
1. Entity Name PINES WEST CAMERA CLUB, INC					
Principal Place of Business MIAMI HERLD OFFICE BUILDING, 2010 NW 1 PEMBROKE PINES FL 33026			Mailing Address 521 N 70TH WAY HOLLYWOOD FL 33024		
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 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HINELINE, EDWARD J 4533 VAN BUREN STREET HOLLYWOOD FL 33021			Name <u>MORGANSTINE, MARC</u> Street Address (P.O. Box Number is Not Acceptable) <u>2516 PRINCETON COURT</u> City <u>WESTON, FL</u> Zip Code <u>33327</u>		
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.					
SIGNATURE <u>Marc Morganstine</u> <u>MARC MORGANSTINE</u> <u>4-27-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLENDER, PATRICIA 3230 ARTHUR STREET HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Morganstine, MARC 2516 PRINCETON CT WESTON 33327	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORGANSTINE, MARC 2516 PRINCETON COURT WESTON FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Jacquelyn RYAN 201 SE 11 TER #106 Dania Beach FL 33004	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GREKO, ALICE 3326 SW 181ST TERRACE MIRAMAR FL 33020	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Judith Frederick 13901 SW 22 A DAVIE FL 33325	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA HINELINE, EDWARD J 4533 VAN BUREN STREET HOLLYWOOD FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Marc Morganstine</u> <u>MARC MORGANSTINE</u> <u>4/27/04</u> (305) 364-2107 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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MOORE CR2E037 (11/03)