

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761066

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12420 SW 112 AVENUE  
MIAMI, FL 33176 US

**New Principal Place of Business:**

**Current Mailing Address:**

12420 SW 112 AVENUE  
MIAMI, FL 33176 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLAMA, MARGARET  
12420 SW 112 AVENUE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SLAMA, MARGARET  
Address: 12420 SW 112 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: PD ( ) Delete  
Name: STONE, ALAN  
Address: 12610 SW 114 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: SLAMA, MARGARET  
Address: 12420 SW 112 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: V (X) Change ( ) Addition  
Name: STONE, ALAN  
Address: 12610 SW 114 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Change (X) Addition  
Name: WYLDE, KEITH  
Address: 12301 SW 113 AVENUE  
City-St-Zip: MIAMI, FL 33176

Title: S ( ) Change (X) Addition  
Name: ORTEGA, VICTORIA  
Address: 12630 SW 114 AVENUE  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET SLAMA

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04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date