CORAL GABLE	S, FL 33156			
Current Mai	ling Address:			
5820 SW 11 CORAL GAE	7 ST BLES, FL 33156 US			
FEI Number: 59-2192749			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
CODESO, JAVIER 5820 SW 117 ST CORAL GABLES, FL 33156 US				
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	E: JAVIER CODESO			03/29/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Officer/Dire Title	ctor Detail : DP	Title	DAS	
		Title Name	DAS SEIDEL, CHARLETTE MRS	
Title	DP		-	
Title Name	DP CODESO, JAVIER	Name	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET	
Title Name Address	DP CODESO, JAVIER 5820 SW 117 ST	Name Address	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET	
Title Name Address City-State-Zip:	DP CODESO, JAVIER 5820 SW 117 ST CORAL GABLES FL 33156	Name Address City-State-Zip:	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET CORAL GABLES FL 33156	
Title Name Address City-State-Zip: Title	DP CODESO, JAVIER 5820 SW 117 ST CORAL GABLES FL 33156 DT	Name Address City-State-Zip: Title	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET CORAL GABLES FL 33156 DVP	
Title Name Address City-State-Zip: Title Name	DP CODESO, JAVIER 5820 SW 117 ST CORAL GABLES FL 33156 DT POWELL, BRIAN	Name Address City-State-Zip: Title Name	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET CORAL GABLES FL 33156 DVP LANDI, AMY 5785 SW 118TH STREET	
Title Name Address City-State-Zip: Title Name Address	DP CODESO, JAVIER 5820 SW 117 ST CORAL GABLES FL 33156 DT POWELL, BRIAN 5900 SW 117TH ST	Name Address City-State-Zip: Title Name Address	SEIDEL, CHARLETTE MRS 5880 S.W. 117TH STREET CORAL GABLES FL 33156 DVP LANDI, AMY 5785 SW 118TH STREET	

I hereby 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 all other like empowered.

SIGNATURE: BRIAN P POWELL

11801 SW 57 COURT

City-State-Zip: CORAL GABLES FL 33156

Address

TREASURER

03/29/2024

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 722873

Entity Name: PINE BAY ESTATES HOMEOWNERS ASSOCIATON, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5820 SW 117 ST

FILED Mar 29, 2024 **Secretary of State** 0443342381CC

Date