

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761066

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

**FILED**  
**Feb 22, 2015**  
**Secretary of State**  
**CC7995618970**

**Current Principal Place of Business:**

12420 SW 112 AVENUE  
MIAMI, FL 33176

**Current Mailing Address:**

12420 SW 112 AVENUE  
MIAMI, FL 33176 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SLAMA, MARGARET  
12420 SW 112 AVENUE  
MIAMI, FL 33176 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            T  
Name            SLAMA, MARGARET  
Address        12420 SW 112 AVENUE  
City-State-Zip: MIAMI FL 33176

Title            P  
Name            VALDES, ORLANDO  
Address        12530 SW 114 AVE  
City-State-Zip: MIAMI FL 33176

Title            V  
Name            BOU, DAVID  
Address        12220 SW 112 AVENUE  
City-State-Zip: MIAMI FL 33176

Title            S  
Name            YUHR, LYNN  
Address        11473 SW 126 TERRACE  
City-State-Zip: MIAMI FL 33176

*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: MARGARET SLAMA**

**TREASURER**

**02/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date