2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02457

Entity Name: PINEBROOK TOWNE HOUSE ASSOCIATION, INC.

FILED Mar 23, 2018 **Secretary of State** CC0763399729

Current Principal Place of Business:

CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762

Current Mailing Address:

CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR. SUITE 260 CLEARWATER, FL 33762 US

FEI Number: 59-2478096 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION ASSESSMENT ATTORNEY'S, PA 1112ND AVENUE, NE 539

ST. PETERSBURG, FL 33701 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: ROBERT TODD 03/23/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title **PRESIDENT**

Name JOHNSON, JOHN Name OROPESA, HAYDEE

CONDOMINIUM ASSOCIATES CONDOMINIUM ASSOCIATES Address Address

> 3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title **DIRECTOR** Title VΡ

Name PEVEHOUSE, CYNTHIA Name GUTHRIE, DEBORAH

Address CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Title DIRECTOR

MACEY, DAVE MILLS, MICHELLE Name Name

CONDOMINIUM ASSOCIATES Address CONDOMINIUM ASSOCIATES Address

3001 EXECUTIVE DR. SUITE 260 3001 EXECUTIVE DR. SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Name SMITH, SHERRY

Address CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DR. SUITE 260

CLEARWATER FL 33762 City-State-Zip:

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.

03/23/2018 SIGNATURE: HAYDEE OROPESA **PRESIDENT**