

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000617

**Entity Name:** PINE ISLAND BAY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC8284785570**

**Current Principal Place of Business:**

A & M PARTNERS, INC  
300 SOUTH PINE ISLAND ROAD 207  
PLANTATION, FL 33324

**Current Mailing Address:**

A & M PARTNERS, INC.  
300 SOUTH PINE ISLAND ROAD 207  
PLANTATION, FL 33324 US

**FEI Number: 65-0414697**

**Certificate of Status Desired: No**

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

A & M PARTNERS, INC.  
300 SOUTH PINE ISLAND ROAD  
SUITE 207  
PLANTATION, FL 33324 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            PRESIDENT  
Name            FINKELSTEIN, JOAN  
Address        300 SOUTH PINE ISLAND ROAD 207  
City-State-Zip: PLANTATION FL 33324

Title            VICE PRESIDENT  
Name            CUYUGAN, RUDY  
Address        300 SOUTH PINE ISLAND ROAD  
                  207  
City-State-Zip: PLANTATION FL 33324

Title            S/T  
Name            SASSI, LIANE  
Address        300 SOUTH PINE ISLAND ROAD  
                  207  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            MCCARTY, KATHY  
Address        300 SOUTH PINE ISLAND ROAD  
                  207  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            MOSQUERA, WILLIAM  
Address        300 SOUTH PINE ISLAND ROAD  
                  207  
City-State-Zip: PLANTATION FL 33324

*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: JOAN FINKELSTEIN**

**PRESIDENT**

**04/13/2018**

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

\_\_\_\_\_  
Date