

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL 20 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 638013

1. Entity Name  
PINE LAKE PLAZA, INC.



Principal Place of Business  
10400 GRIFFIN ROAD #210  
COOPER CITY, FL 33328

Mailing Address  
10400 GRIFFIN ROAD #210  
COOPER CITY, FL 33328

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1184929

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, ROBERT  
10400 GRIFFIN ROAD #210  
COOPER CITY, FL 33328

Name Barbara Williamson

Street Address (P.O. Box Number is Not Acceptable)

10400 Griffin Road #210

City Cooper City

FL

Zip Code 33328

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara Williamson*

Barbara Williamson

7/11/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME WILLIAMSON, ROBERT ☒ Delete  
STREET ADDRESS 10400 GRIFFIN RD #210  
CITY-ST-ZIP COOPER CITY, FLA 33328

TITLE P ☒ Change ☐ Addition  
NAME Barbara Williamson  
STREET ADDRESS 10400 Griffin Road #210  
CITY-ST-ZIP Cooper City, Fla 33328

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE *Barbara Williamson* Barbara Williamson

7/11/07

954-434-7925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #