

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

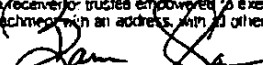
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CLERK OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E037 (10/07)

DOCUMENT # 705010					
1. Entity Name PENTLAND HALL OF DADE COUNTY, INC.					
Principal Place of Business 13511 NE 24TH CT NORTH MIAMI FL 33181			Mailing Address 13511 NE 24TH CT NORTH MIAMI FL 33181		
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	4. FEI Number 59-0991547	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAND, BARRIE 13511 NE 24TH CT NORTH MIAMI FL 33181			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement in support of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of it.					
SIGNATURE  (NOTE: Registered Agent signature only must be notarized)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BRETBART, DORIS		NAME	BARBARA STORER	
STREET ADDRESS	1080 94 ST, APT 511		STREET ADDRESS	561 BAY POINT RD	
CITY-STATE-ZIP	BAY HARBOR FL 33154		CITY-STATE-ZIP	MIAMI FL 33155	
TITLE	TD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	SAND, BARRIE		NAME	BERRY DARRISH	
STREET ADDRESS	1351 NE 24 CT.		STREET ADDRESS	3545 NE 166th STREET	
CITY-STATE-ZIP	N. MIAMI FL		CITY-STATE-ZIP	NO MIAMI FL 33160	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAPPELLE, CATHERINE		NAME		
STREET ADDRESS	7260 SW 148 CT		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33193		CITY-STATE-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEEKS, BARBARA		NAME		
STREET ADDRESS	13207 SW 87TH TERR		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33180		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MANTARAS, ROSIE		NAME		
STREET ADDRESS	13201 SW 62 TERR		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI FL 33183		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VARKIE, VAJAY		NAME		
STREET ADDRESS	1740 S BAYSHORE LN		STREET ADDRESS		
CITY-STATE-ZIP	COCONUT GROVE FL 33133		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with no other like unpowered.					
SIGNATURE:  (Date) 5/29 (Daytime Phone #)					