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03-17-1999 90035 030 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722873

1. Corporation Name
PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 5825 SOUTHWEST 119 STREET MIAMI FL 33156	Mailing Address 5825 SOUTHWEST 119 STREET MIAMI FL 33156
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2192749 Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired XXX \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WOLFSDORF, JACK 5825 S.W. 119 STREET MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP WOLFSDORF, JACK	1.1 TITLE	XXX Change <input type="checkbox"/> Addition
NAME	5825 S.W. 119TH STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL XXX	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DS LEVIN, BARBARA	2.1 TITLE	XXX Change <input type="checkbox"/> Addition
NAME	11801 S.W. 57TH COURT	2.2 NAME	
STREET ADDRESS	MIAMI FL XXX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DAS SEIDEL, CHARLOTTE	3.1 TITLE	XXX Change <input type="checkbox"/> Addition
NAME	5880 S.W. 117TH STREET	3.2 NAME	SEIDEL, CHARLETTE
STREET ADDRESS	MIAMI FL XXX	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DTX KALISH, EDWARD	4.1 TITLE	D/VP/T XXX Change <input type="checkbox"/> Addition
NAME	5760 S.W. 116TH STREET	4.2 NAME	
STREET ADDRESS	MIAMI FL XXX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	DAT ESCAGEDO, ANA MARIA	5.1 TITLE	D XXX Change <input type="checkbox"/> Addition
NAME	5745 SW 119TH STREET	5.2 NAME	
STREET ADDRESS	MIAMI FL XXX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE		6.1 TITLE	AT <input type="checkbox"/> Change XXX Addition
NAME		6.2 NAME	RUBIN, ELLIE
STREET ADDRESS		6.3 STREET ADDRESS	5745 S.W. 118TH STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL GABLES, FL 33156

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE *Edward A. Kalish* **EDWARD A. KALISH, TREASURER** 02/01/1999 305-668-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

002027 111031

287953-90035-30
722873

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

7.1 TITLE _____ D
7.2 NAME _____ HARPER, ALAN
7.3 ADDRESS _____ 5841 S.W. 116TH STREET
7.4 CITY-ST-ZIP _____ MIAMI, FLORIDA 33156

CHANGE

8.1 TITLE _____ D
8.2 NAME _____ HOFFMAN, RICHARD
8.3 ADDRESS _____ 11621 S.W. 57TH COURT
8.4 CITY-ST-ZIP _____ MIAMI CORAL GABLES, FL 33156

CHANGE

9.1 TITLE _____ D
9.2 NAME _____ PFAFF, RUSSELL
9.3 ADDRESS _____ 5901 S.W. 116TH STREET
9.4 CITY-ST-ZIP _____ MIAMI CORAL GABLES, FL 33156

CHANGE

10.1 TITLE _____ D
10.2 NAME _____ RUBIN, TADD
10.3 ADDRESS _____ 5745 S.W. 118TH STREET
10.4 CITY-ST-ZIP _____ MIAMI CORAL GABLES, FL 33156

CHANGE

11.1 TITLE _____ D
11.2 NAME _____ TEMLING, PETER
11.3 ADDRESS _____ 5940 S.W. 116TH STREET
11.4 CITY-ST-ZIP _____ MIAMI CORAL GABLES, FL 33156

ADDITION

12.1 TITLE _____ D
12.2 NAME _____ ROLLER, BARBRA
12.3 ADDRESS _____ 5740 S.W. 119TH STREET
12.4 CITY-ST-ZIP _____ CORAL GABLES, FL 33156

ADDITION

13.1 TITLE _____ D
13.2 NAME _____ FLANAGAN, LUCY
13.3 ADDRESS _____ 5780 S.W. 116TH STREET
13.4 CITY-ST-ZIP _____ CORAL GABLES, FL 33156