

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90010 014 ****70.00

DOCUMENT # 722873

1. Entity Name

PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~5025 SOUTHWEST 110 STREET~~
~~MIAMI FL 33156~~

~~5025 SOUTHWEST 110 STREET~~
~~MIAMI FL 33156~~

2. Principal Place of Business

3. Mailing Address

5740 SOUTHWEST 117TH STREET

5740 SOUTHWEST 117TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

4. FEI Number
59-2192749

Applied For
 Not Applicable

Zip
33156

Country
U.S.A.

Zip
33156

Country
U.S.A.

5. Certificate of Status Desired **XXX** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WOLFODORF, JACK~~
~~5025 S.W. 110 STREET~~
~~MIAMI FL 33156~~

Name
TRATTLER, HENRY, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
5740 SOUTHWEST 117TH STREET

City
CORAL GABLES **FL** Zip Code
33156

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.

SIGNATURE *Henry Trattler M.D.* **HENRY TRATTLER, M.D.** **FEBRUARY 16, 2000**

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

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DP~~ Delete
 NAME ~~WOLFODORF, JACK~~
 STREET ADDRESS ~~5025 S.W. 110TH STREET~~
 CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE D/P Change Addition
 NAME TRATTLER, HENRY, M.D.
 STREET ADDRESS 5740 SOUTHWEST 117TH STREET
 CITY-ST-ZIP CORAL GABLES, FLORIDA 33156

TITLE ~~DC~~ Delete
 NAME ~~LEVIN, BARBARA~~
 STREET ADDRESS ~~11004 S.W. 57TH COURT~~
 CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE D/S Change Addition
 NAME HALPERN, SHEILA
 STREET ADDRESS 5780 SOUTHWEST 118TH STREET
 CITY-ST-ZIP CORAL GABLES, FLORIDA 33156

TITLE DAS Delete
 NAME SEIDEL, CHARLETTE
 STREET ADDRESS 5880 S.W. 117TH STREET
 CITY-ST-ZIP CORAL GABLES FL 33156

TITLE Change Addition

TITLE ~~DVF~~ Delete
 NAME KALISH, EDWARD
 STREET ADDRESS 5760 S.W. 118TH STREET
 CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D/T Change Addition

TITLE D Delete
 NAME ESCAGEDO, ANA MARIA
 STREET ADDRESS 5745 SW 119TH STREET
 CITY-ST-ZIP CORAL GABLES FL 33156

TITLE Change Addition

TITLE AT Delete
 NAME RUBIN, ELIJAH
 STREET ADDRESS 5745 S.W. 118TH STREET
 CITY-ST-ZIP CORAL GABLES FL 33156

TITLE Change Addition

12. 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 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 all other like empowered.

SIGNATURE: *Edward A. Kalish* **EDWARD A. KALISH** **FEBRUARY 16, 2000** **305-668-2580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE