# 2002 UNIFORM BUSINESS REPORT (UBR)

#### Feb 20, 2002 8:00 am secretary of State DOCUMENT # **722873** 1. Entity Name 02-20-2002 90099 031 \*\*\*\*70.00 PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 5740 SOUTHWEST 117 ST 5740 SOUTHWEST 117 ST MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2192749 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TRATTLER, HENRY MD 5740 SOUTHWEST 117 ST **MIAMI FL 33156** Zip Code FL 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 $_{\mbox{\scriptsize A}}$ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition NAME Trattler. Henry MD NAME 5740 SOUTHWEST 117 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP TITLE DS... DS Delete TITLE ☐ Change Addition HALPERN, SHEILA-NAME MEANS, KABRINA NAME STREET ADDRESS 5780 SW-118TH STREET STREET ADDRESS 5841-SW-116TH STREET - - -CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP CORAL GABLES, FL 33156 DAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEIDEL, CHARLETTE NAME NAME STREET ADDRESS 5880 S.W. 117TH STREET STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KALISH, EDWARD NAME NAME STREET ADDRESS 5760 S.W. 116TH STREET STREET ADDRESS CITY-ST-7IP CORAL GABLES FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition ESCAGEDO, ANA MARIA NAME NAME **5745 SW 119TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Rubin, ellie NAME NAME STREET ADDRESS 5745 S.W. 118TH STREET STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33156 CITY-ST-ZIP 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOC# 722873

320971

#### 10. OFFICERS AND DIRECTORS

TITLE

NAME

ADDRESS CITY-ST-ZIP D/V

RUBIN, TAD

5745 S.W. 118TH STREET

CORAL GABLES, FL 33156

TITLE

NAME

ADDRESS

CITY-ST-ZIP

D

PFAFF, RUSSELL

5901 S.W. 116TH STREET

CORAL GABLES, FL 33156

TITLE

NAME

ADDRESS

CITY-ST-ZIP

TEMLING, PETER

5940 S.W. 116TH STREET

CORAL GABLES, FL 33156

TITLE

NAME

ADDRESS CITY-ST-ZIP D

ROLLER, BARBRA

5740 S.W. 119TH STREET

CORAL GABLES, FL 33156

TITLE

NAME

ADDRESS CITY-ST-ZIP

FLANAGAN, LUCY

5780 S.W. 116TH STREET

CORAL GABLES, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

### DELETE

TITLE-

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NAME

ROLLER, BARBRA

**ADDRESS** 

5740 S.W. 119TH STREET

CITY-ST-ZIP

-CORAL GABLES, FL 33156

### ADD

TITLE

NAME

ADDRESS CITY-ST-ZIP D

BORJA, CANDACE

11800 S.W. 59TH AVENUE ROAD

CORAL GABLES, FL 33156