

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90019 016 ****70.00

DOCUMENT # 722873

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



Principal Place of Business
5745 SW 118 ST.
~~MIAMI, FL 33156~~

Mailing Address
5745 SW 118 ST.
~~MIAMI, FL 33156~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062004 Chg-NP CR2E037 (10/03)

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
59-2192749

Applied For
Not Applicable

Zip Country
33156 U.S.A.

Zip Country
33156 U.S.A.

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

KALISH, EDWARD A
~~5745 SW 118 ST.~~
~~MIAMI, FL 33156~~

Name

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

5760 SW 116 ST.

City **CORAL GABLES FL** Zip **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward A. Kalish* **EDWARD A. KALISH**

3/8/04
DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 **DP** ☐ Delete
NAME **RUBIN, TAD**
STREET ADDRESS **5745 SW 118 ST.**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

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

TITLE **DS** ☐ Delete
NAME **MEANS, KABRINA**
STREET ADDRESS **5841 SW 116TH STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

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

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

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

TITLE **DT** ☐ Delete
NAME **KALISH, EDWARD**
STREET ADDRESS **5760 S.W. 116TH STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

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

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

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

TITLE **DAT** ☐ Delete
NAME **BLUMBERG, MORTON**
STREET ADDRESS **11801 S.W. 57TH CT.**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

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 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** **3/8/04** **305-668-2580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #