

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722873

FILED
Jan 23, 2008
Secretary of State

Entity Name: PINE BAY ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5745 S.W. 118TH ST.
CORAL GABLES, FL 33156

New Principal Place of Business:

5885 SW 118 ST
CORAL GABLES, FL 33156

Current Mailing Address:

5745 S.W. 118TH ST.
CORAL GABLES, FL 33156

New Mailing Address:

5885 SW 118 ST
CORAL GABLES, FL 33156

FEI Number: 59-2192749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELGUEZABAL, BERENICE
5920 SW 116TH ST
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RUBIN, TAD
Address: 5745 SW 118 ST.
City-St-Zip: CORAL GABLES, FL 33156

Title: DS () Delete
Name: MEANS, KABRINA
Address: 5841 SW 116TH STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: DAS () Delete
Name: SEIDEL, CHARLETTE
Address: 5880 S.W. 117TH STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: DT () Delete
Name: ELGUEZABAL, BERENICE
Address: 5920 SW 116TH ST
City-St-Zip: CORAL GABLES, FL 33156

Title: DVP () Delete
Name: ESCAGEDO, ANA MARIA
Address: 5745 SW 119TH STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAFFALSKI, PETER
Address: 5885 SW 118 ST
City-St-Zip: CORAL GABLES, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERENICE ELGUEZABAL

TR.

01/23/2008

Electronic Signature of Signing Officer or Director

Date