

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90146 050 ****70.00

DOCUMENT # 722873

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



Principal Place of Business

Mailing Address

~~6740 SOUTHWEST 117 ST~~
~~MIAMI FL 33156~~

~~6740 SOUTHWEST 117 ST~~
~~MIAMI FL 33156~~

2. Principal Place of Business

3. Mailing Address

5745 S.W. 118 STREET

5760 S.W. 116 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

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 ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TRATTLER, HENRY MD~~
~~6740 SOUTHWEST 117 ST~~
~~MIAMI FL 33156~~

Name
EDWARD A. KALISH

Street Address (P.O. Box Number is Not Acceptable)
5760 S.W. 116TH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Edward A. Kalish*
Signature, typed or printed name of registered agent and title if applicable.

EDWARD A. KALISH
(NOTE: Registered Agent signature required when reinstating)

03/17/2003
DATE

FILE NOW: FEE IS \$61.25

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 ~~TRATTLER, HENRY MD~~
STREET ADDRESS ~~6740 SOUTHWEST 117 ST~~
CITY-ST-ZIP ~~CORAL GABLES FL 33156~~

TITLE **DP** ☐ Change ☒ Addition
NAME **TAD RUBIN**
STREET ADDRESS **5745 S.W. 118TH STREET**
CITY-ST-ZIP **CORAL GABLES, FLORIDA 33156**

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

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

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

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

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

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

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

TITLE **DVP** ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE **DAT** ☐ Change ☒ Addition
NAME **MORTON BLUMBERG**
STREET ADDRESS **11801 S.W. 57TH COURT**
CITY-ST-ZIP **CORAL GABLES, FLORIDA 33156**

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* **TREASURER** **EDWARD A. KALISH** **03/17/2003** **305-668-2580**

CR2E037 (10/02)

Attachment

80659501
M22873

10.

OFFICERS AND DIRECTORS

TITLE	D
NAME	PFAFF, RUSSELL
ADDRESS	5901 S.W. 116TH STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156

TITLE	D
NAME	TEMLING, PETER
ADDRESS	5940 S.W. 116TH STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156

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

TITLE	D
NAME	BORJA, CANDACE
ADDRESS	11800 S.W. 59TH AVENUE ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33156