# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 27, 2005 8:00 am**
**Secretary of State**
04-04-2005 90071 003 ****70.00

DOCUMENT # 729642

1. Entity Name

PINEBROOKE CONDOMINIUM D, E, F, G & H ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 9032 SW 159 TR<br>MIAMI FL 33157 | 9032 SW 159 TR<br>MIAMI FL 33157 |

66U13544

1st MOORE CR2E037 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1546087 ☐ Applied For ☐ Not Applicable

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

This is the complete address

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~KALLICHE, ANTHONY A~~<br>~~WATERFORD CENTER PARK~~<br>~~5201 BLUE LAGOON DR STE 100~~<br>~~MIAMI FL 33126~~ | Name David Rogel<br>Street Address (P.O. Box Number is Not Acceptable) 121 Alhambra Plaza<br>~~121 Alhambra Plaza~~ Suite 1000<br>City Coral Gables FL Zip Code 33134 |

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

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2005**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ALLBRIGHT, LAURA<br>15905 SW 90 CT<br>MIAMI FL 33157 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Olson Duffis<br>15911 SW 90 Ct, Miami FL 33157 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SCHWARTE, KRISTEN<br>9032 SW 159 TR<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MAURER, BETH<br>9042 SW 159 TERRACE<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LISCHNER, KIMBERLY<br>9042 SW 159 TERR<br>MIAMI FL 33157 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lanny Rogg<br>9040 SW 159 Ter, Miami FL 33157 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PORTER, TIM<br>15907 SW 90 CT<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KOWALSKI, FRANK<br>9046 SW 159 TERR<br>MIAMI FL 33157 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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:** Kristen Schwarte KIRSTEN SCHWARTE 3/23/05 (305) 238-5462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #