

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 731555</b> 1. Entity Name <b>PINEBROOKE CONDOMINIUM I ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O KAYE JOYCE 9104 SW 159TH TERR MIAMI FL 33157 US</b>	Mailing Address <b>C/O KAYE JOYCE 9104 SW 159TH TERR MIAMI FL 33157 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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2nd MOORE      CR2E037 (4/06)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>59-1652480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>KAYE, JOYCE 9104 SW 159TH TERR MIAMI FL 33157</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: PD <input type="checkbox"/> Delete NAME: JOYCE, KAYE STREET ADDRESS: 9104 SW 159TH TERR. CITY-ST-ZIP: MIAMI FL 33157	
TITLE: PMT <input type="checkbox"/> Delete NAME: JOYCE, KAYE STREET ADDRESS: 9104 SW 159TH TERR. CITY-ST-ZIP: MIAMI FL 33157	
TITLE: SD <input type="checkbox"/> Delete NAME: RADMAN, JUDY STREET ADDRESS: 9106 SW 159 TERRACE CITY-ST-ZIP: MIAMI FL 33157	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	U00000574715 09/18/06-20004-005 61.25
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kaye Joyce President 8/2/06 305-238-4156*