2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732923

FILED Apr 27, 2007 Secretary of State

Entity Name: PINEBROOKE CONDOMINIUM N ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	91 COURT OF PALMETTO	BAY, FL 33157			
Current Mailing Address:			New Maili	New Mailing Address:	
	91 COURT OF PALMETTO	BAY, FL 33157 US			
FEI Number:	59-1652462	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
The above in the State	91 CT F PALMETTO named entity : of Florida.	BAY, FL 33157 US Submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR		is Cianatura of Dogistarad Ass	m4	Data	
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PEART, JENNII 15822 SW 91 (Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MONTALVO, PA 15820 SW 91 0		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition VALLEJO, JUAN 15820 SW 91 CT PALMETTO BAY, FL 33157	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition POL, JOSE & OLGA 15826 SW 91 CT PALMETTO BAY, FL 33157	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition BASKOTT, STEPHEN 15824 SW 91 CT PALMETTO BAY, FL 33157	

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: PATRICIA MONTALVO O 04/27/2007