2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 732923

Entity Name: PINEBROOKE CONDOMINIUM N ASSOCIATION, INC.

Current Principal Place of Business:

15820 SW 91 COURT
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

15820 SW 91 COURT
VILLAGE OF PALMETTO BAY, FL 33157 US

New Mailing Address:

15820 SW 91 COURT
VILLAGE OF PALMETTO BAY, FL 33157

FEI Number: 59-1652462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEART, JENNIFER
15822 SW 91 CT
VILLAGE OF PALMETTO BAY, FL 33157 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:	O	( ) Delete
Name:	PEART, JENNIFER	
Address:	15822 SW 91 CT.	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157	
Title:	O	( ) Delete
Name:	MONTALVO, PATRICIA	
Address:	15820 SW 91 CT	
City-St-Zip:	VILLAGE OF PALMETTO BAY, FL 33157	
Title:	O	( ) Delete
Name:	VALLEJO, JUAN	
Address:	15820 SW 91 CT	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	O	( ) Delete
Name:	POL, JOSE & OLGA	
Address:	15826 SW 91 CT	
City-St-Zip:	PALMETTO BAY, FL 33157	
Title:	O	( ) Delete
Name:	BASKOTT, STEPHEN	
Address:	15824 SW 91 CT	
City-St-Zip:	PALMETTO BAY, FL 33157	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: PATRICIA MONTALVO O 03/19/2009

Electronic Signature of Signing Officer or Director — Date