

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **732924** (6)

1. Corporation Name

**PINEBROOKE CONDOMINIUM M ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**15832 SW 91ST COURT  
MIAMI FL 33157**

**15832 SW 91ST COURT  
MIAMI FL 33157**

3. Date Incorporated or Qualified  
**06/03/1975**

3a. Date of Last Report  
**03/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **15830 SW 91st court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **miami, FL**

28

Zip Country

Zip Country

24 **33157** **Dade**

29

30

4. FEI Number

**59-1652476**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGNER, SUSAN  
15832 SW 91ST COURT  
MIAMI FL 33157**

81 Name **Charles F. Light**

82 Street Address (P.O. Box Number is Not Acceptable)

**15834 SW 91st court**

83

84 City

**miami**

**FL**

85 Zip Code

**33157**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Charles F. Light**

**4/23/96**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **LIGHT, CHARLES P.**  
STREET ADDRESS **15834 SW 91ST COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE

NAME **MORO, GEORGE**  
STREET ADDRESS **10502 SW 107TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☒ DELETE

NAME **MAGNER, SUSAN**  
STREET ADDRESS **15832 SW 91ST COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **GIBSON, CHARLES**  
STREET ADDRESS **15830 SW 91ST COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME **wheeler, Lee**  
33 STREET ADDRESS **15832 SW 91st court**  
34 CITY-ST-ZIP **miami, FLA**

41 TITLE ☒ Change ☐ Addition

42 NAME **Alarcon, Andras**  
43 STREET ADDRESS **15830 SW 91st court**  
44 CITY-ST-ZIP **miami, FL**

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Charles F. Light**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/96 305-253-0276**

Date

Daytime Phone #

CR2E037 (12/95)