

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 739569

1. Entity Name
PINE BAY SOUTH ASSOCIATION, INC.



Principal Place of Business

HARRY SCHRIER
7390 S.W. 153 STREET
MIAMI, FL 33157 US

Mailing Address

15622 SW 74 PLACE
MIAMI, FL 33157 US

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2167565

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SCHRIER, HARRY B M.D.
7390 S.W. 153 STREET
MIAMI, FL 33157

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHRIER, HARRY B
STREET ADDRESS 7340 S.W. 153 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE SD
NAME DITKOWSKY, WILLIAM
STREET ADDRESS 7370 S.W. 153 STREET
CITY-ST-ZIP MIAMI, FL 33157

TITLE T
NAME MULLINS, PAMELA
STREET ADDRESS 15622 SW 74 PLACE
CITY-ST-ZIP MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Pamela Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/06
Date

3052329194
Daytime Phone #