


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 739569 1. Entity Name PINE BAY SOUTH ASSOCIATION, INC.	
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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
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2167565	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRIER, HARRY B 7340 S.W. 153 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DITKOWSKY, WILLIAM 7370 S.W. 153 STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MULLINS, PAMELA 15622 SW 74 PLACE MIAMI, FL 33157
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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 Pamela Mullins 1/8/07 305 232 9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #