

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 739746

1. Entity Name
PINEBROOKE CONDOMINIUM Q ASSOCIATION, INC.



Principal Place of Business

**18908 SW 80TH CT
CUTLER BAY, FL 33157 US**

Mailing Address

**18908 SW 80TH CT
CUTLER BAY, FL 33157 US**



04092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1762059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERILLE, LIZETT
18908 SW 80TH CT
CUTLER BAY, 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

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

(NOTE: Registered Agent signature required when reinstating)

4/9/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
**VD
MERILLE, LIZETT
18908 SW 80TH CT
CUTLER BAY, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TIMPONE, DIANE
15802 S.W. 90TH CT.
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MERILLE, JOSE E
18908 SW 80TH CT
CUTLER BAY, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAPETILLO, FRANK
15806 S.W. 90 CT.
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARMAS, YOANYS
15804 S.W. 90 CT.
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000897907
04/25/08-80066-023 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08
Date

3052205122
Daytime Phone #