

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739746

FILED
Apr 17, 2009
Secretary of State

Entity Name: PINEBROOKE CONDOMINIUM Q ASSOCIATION, INC.

Current Principal Place of Business:

18908 SW 80TH CT
CUTLER BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18908 SW 80TH CT
CUTLER BAY, FL 33157 US

New Mailing Address:

FEI Number: 59-1762059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERILLE, LIZETT
18908 SW 80TH CT
CUTLER 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: VD () Delete
Name: MERILLE, LIZETT
Address: 18908 SW 80TH CT
City-St-Zip: CUTLER BAY, FL 33157 US

Title: D () Delete
Name: TIMPONE, DIANE
Address: 15802 S.W. 90TH CT.
City-St-Zip: MIAMI, FL 33157 US

Title: PD () Delete
Name: MERILLE, JOSE E
Address: 18908 SW 80TH CT
City-St-Zip: CUTLER BAY, FL 33157 US

Title: D () Delete
Name: CAPETILLO, FRANK
Address: 15806 S.W. 90 CT.
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: ARMAS, YOANYS
Address: 15804 S.W. 90 CT.
City-St-Zip: MIAMI, 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: LIZETT MERILLE

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date