2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 742107

Entity Name: PINELAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 NORTH FEDERAL HWY.
SUITE 212
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

C/O PALM BEACH PROPERTY MANAGEMENT
2200 NORTH FEDERAL HWY. #212
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-1810416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 NORTH FEDERAL HWY.
SUITE 212
BOCA RATON, FL 33431 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: PTD ( ) Delete
Name: GOLDMAN, JAMES
Address: 3406 BRIDGEWOOD DR.
City-St-Zip: BOCA RATON, FL 33434

Title: SD ( ) Delete
Name: SUSSMAN, MEL
Address: 3308 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Delete
Name: PANICO, SAL
Address: 3503 BRIDGEWOOD DR.
City-St-Zip: BOCA RATON, FL 33434

Title: VPD ( ) Delete
Name: SCHUMAN, RON
Address: 3502 BRIDGEWOOD DR
City-St-Zip: BOCA RATON, FL 33434

Title: D (X) Delete
Name: CHALE, ALLEN
Address: 3809 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: GOLDMAN, JAMES
Address: 3406 BRIDGEWOOD DR.
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: SCHUMAN, RON
Address: 3502 BRIDGEWOOD DR
City-St-Zip: BOCA RATON, FL 33434

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: RON SCHUMAN PD 04/22/2008
Electronic Signature of Signing Officer or Director — Date