

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 744742

1. Entity Name
PINEBROOKE CONDOMINIUM X ASSOCIATION, INC.



Principal Place of Business
**15827 SW 91 CT
MIAMI, FL 33157 US**

Mailing Address
**15827 SW 91 CT
MIAMI, FL 33157 US**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1851937

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, LAVINIA B
15825 SW 91 CT
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 _____

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000578926
01/09/07-80049-001 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNO, JOYA 15827 SW 91 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADJAMAH, DIAN 15830 SW 91 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GILES, LINDA 15829 SW 91 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, LAVINIA B 15825 SW 91 CT MIAMI, FL 33157
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joya F. Bruno / Joya F. Bruno President

1/4/07

(305) 323-6925