

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 27 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747594
1. Corporation Name

PINE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
% J&M CONDO MANAGEMENT 275 FONTAINEBLEAU BLVD.
SUITE #200

3. Date Incorporated or Qualified 6/12/1979
4. FEI Number 59-2023110 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 % J&M CONDO MANAGEMENT 26 275 FONTAINEBLEAU BLVD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 275 Fontainebleau Blvd 27 200
City & State City & State
23 Miami, FL 28 MIAMI, FL 33172
Zip Country Zip Country
24 33172 25 U.S. 29 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Nestor Alvarez, P.A.
3971 SW 8 ST. #209
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
81 Name Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 5201 BLUE LAGOON DR. #100
83
84 City Miami FL 85 Zip Code 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE Delant. dela Causa for Becker & Poliakoff, P.A. 9/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ORESTES	1.2 NAME	400002680524--8
STREET ADDRESS	8879-A FONTAINEBLEAU BLVD. #101	1.3 STREET ADDRESS	-11/04/98--01076--018
CITY-ST-ZIP	MIAMI, FL. 33172	1.4 CITY-ST-ZIP	*****35.00 *****35.00
TITLE	V/P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, LOURDES	2.2 NAME	400002680524--8
STREET ADDRESS	8881-A FONTAINEBLEAU BLVD. #307	2.3 STREET ADDRESS	-11/04/98--01076--019
CITY-ST-ZIP	MIAMI, FL. 33172	2.4 CITY-ST-ZIP	*****26.25 *****26.25
TITLE	T/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, DANIEL	3.2 NAME	
STREET ADDRESS	8873-A FONTAINEBLEAU BLVD. #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33172	3.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, REGINA	4.2 NAME	
STREET ADDRESS	8879-B FONTAINEBLEAU BLVD. #103	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33172	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO, GENARO	5.2 NAME	
STREET ADDRESS	8879-A FONTAINEBLEAU BLVD. #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33172	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 9-10-98 305-620-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT. 110

CR2E037 (10/97)