

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90186 039 ****70.00

DOCUMENT # 747594

1. Entity Name

PINE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

COURTESY PROPERTY MGT.
 13250 SW 135 AVE
 MIAMI FL 33186
 US

COURTESY PROPERTY MGT.
 13250 SW 135 AVE
 MIAMI FL 33186
 US

C0058010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2023110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLATON, DAVID R P.A.
21 SE 1ST AVENUE
SUITE 820
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **RODRIGUEZ, ORESTES**
 STREET ADDRESS **8879-A FONTAINBLEAU BLVD., #101**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **LOURDES, OLIVA**
 STREET ADDRESS **8881-A FONTAINBLEAU BLVD., #307**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **TD** Change Addition
 NAME **OLIVA, LOURDES**
 STREET ADDRESS **8881-A FONTAINBLEAU BLVD #307**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **TD** Delete
 NAME **RODRIGUEZ, DANIEL**
 STREET ADDRESS **8873-A FONTAINBLEAU BLVD #208**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GONZALEZ, REGINA**
 STREET ADDRESS **8879-B FONTAINBLEAU BLVD #103**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** Change Addition
 NAME **GONZALEZ, REGINA**
 STREET ADDRESS **8879-B FONTAINBLEAU BLVD #103**
 CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** Delete
 NAME **BRITO, GENARO**
 STREET ADDRESS **8879-A FONTAINBLEAU BLVD #101**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Change Addition
 NAME **MEDERO, ESTHER**
 STREET ADDRESS **8873-B FONTAINBLEAU BLVD #205**
 CITY-ST-ZIP **MIAMI, FL 33172**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)