

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90021 001 \*\*\*\*70.00

**DOCUMENT # 747594**  
**1. Entity Name**  
 PINE LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.



**Principal Place of Business**  
 COURTESY PROPERTY MGT.  
 13250 SW 135 AVE  
 MIAMI, FL 33186 US

**Mailing Address**  
 COURTESY PROPERTY MGT.  
 13250 SW 135 AVE  
 MIAMI, FL 33186 US

44020000



**2. Principal Place of Business**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Suite, Apt. #, etc.

01142004 Chg-NP CR2E037 (10/03)

**City & State**

**Zip** **Country**

**4. FEI Number**  
 59-2023110

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

Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRITO, GENARO	
STREET ADDRESS	8877 A FONTAINEBLEU BLVD, #101	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LIRIANO, PEDRO	
STREET ADDRESS	8877 A FONTAINEBLEU BLVD, #106	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, REGINA	
STREET ADDRESS	8879-B FONTAINEBLEAU BLVD #103	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, REMY	
STREET ADDRESS	8877-A FONTAINEBLEAU BLVD #103	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZARZA, GUILLERMO	
STREET ADDRESS	8877-A FONTAINEBLEAU BLVD #108	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Maria Liguori	
STREET ADDRESS	8883 Fontainebleau Blvd. #205	
CITY-ST-ZIP	Miami, FL 33172	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITO GENARO	
STREET ADDRESS	← (same)	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liriano, Pedro	
STREET ADDRESS	← (same)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez, Remy	
STREET ADDRESS	← (same)	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zarza, Guillermo	
STREET ADDRESS	← (same)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** *Genaro Brito* **President** 4/7/2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #