


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90276 034 ****61.25

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**

2. Principal Place of Business
American Investment

3. Mailing Address
American Investment


Suite, Apt. #, etc.
175 Fontainebleau Blvd #2-E

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
USA



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2023110

Applied For
 Not Applicable

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

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 _____
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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITO, GENARO 8877 A FONTAINBLEU BLVD, #101 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIRIANO, PEDRO 8877 A FONTAINBLEU BLVD, #106 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, REMY 8877-A FONTAINBLEAU BLVD #103 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Gutierrez, Remy 8877A Fontainebleau Blvd #103 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZARZA, GUILLERMO 8877-A FONTAINBLEAU BLVD #108 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORESTES, RODRIGUEZ 8879 A FONTAINBLEAU BLVD #101 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Pedro Liriano* **1/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #