

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749839

FILED
Aug 28, 2007
Secretary of State

Entity Name: PINEBROOKE CONDOMINIUM A ASSOCIATION, INC.

Current Principal Place of Business:

15809 SW 90 CT.
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15809 SW 90 CT.
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-1913067 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUMOND, MARTIN MR.
15805 S.W. 90TH COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CONCEPCION, CHERYL
Address: 15811 SW 90 COURT
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: MANHEIMER, LORELEE
Address: 15809 S.W. 90 COURT
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: MAZZILLI, GISELLA
Address: 15807 SW 90 CT
City-St-Zip: MIAMI, FL 33157

Title: PD () Delete
Name: DUMOND, MARTIN
Address: 15805 S.W. 90 CT.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORELEE MANHEIMER

TD

08/28/2007

Electronic Signature of Signing Officer or Director

Date