FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 749841

PINEBROOKE CONDOMINIUM Z ASSOCIATION, INC.										
Principal Place of Business C/O C. TANNER 15807 S.W. 91 COURT "A" MIAMI FL 33157-1950		Mailing Address C/O C. TANNER 15807 S.W. 91 COURT "A" MIAMI FL 33157-1950								
2. Principal Pla	ace of Business	2a. Mailing Addre	ss			3. Date Incorporated or Qual	ifed			
21		26 Suite, Apt. #.	<u></u>			4. FEI Number		Appl	ied For	-
Suite, Apt. a	#, etc.	Suite, Apt. #,	310.			59-1913066	•	 	Applicable	3
City & State	3	City & State		· · · · · ·	· 	5. Certifcate of Status Desire	ed 🗆	\$8.75 Ad Fee Req		ò
Zip	Country Zip Cou			ountry		6. Election Campaign Financing Trust Fund Contribution \$5.00 May to Added to Fee				
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2					10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	f, Kedisteran waare		81	Name					
	0.100	r: .a.		82	0) 444	(D.O. Ray Number is Not As	centable)	···		
TANNER, CAROL 15807 SW 91 CT		n e			Street Add	at Address (P.O. Box Number is Not Acceptable)				
l				83						
MIAMI FL	3315/			84	City			85 Zip Co	ode -	
		·r			City		<u>.,.</u> FL	_		
11. Pursuant office or re agent. I a	to the provisions of Sections 617.050: egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Floric of Florida. Such chang tions of, Section 617.0	a Statutes, the e was authori 503, Florida S	above zed by tatutes	e-named cor the corporat	poration submits this statement for tion's board of directors. I hereby	r the purpose of accept the appo	f changing its n intment as regi	egistered stered	
SIGNATURE		<u>-</u>	mints of the	7772 A	d along the same	red when reinstating)	DATE			á
	Signature, typed or printed name of registered agen	nt and title if applicable. ID DIRECTORS		3.	it signature requir	ADDITIONS/CHANGES TO		ND DIRECTOR	RS IN 12	1/08
12.	D OFFICERS AN	DERECTORS		1 TITLE			-	Change	☐ Addition	Ξ
NAME	LONGENECKER, ROBERT	; ;	1	2 NAME						2
STREET ADDRESS	15811 S W 91 CT		1	3 STREE	TADDRESS	*				Ĭ
CITY-ST-ZIP	MIAMI FL	*	1	4 CITY-S	T-ZIP					Ì
TITLE	P	□ DE	LETE 2	1 TITLE				Change	☐ Addition	
NAME	TANNER, CAROL	<u>;</u>	2	2 NAME	İ					
STREET ADDRESS	15807 SW 91 CT	*	2	.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL	·		4 CITY-	ST-ZIP			Change	☐ Addition	1
TITLE	·D	. DI	LETÉ 3	.1 TITLE				□ Cilarige	☐ Addition	
NAME	RODRIGUEZ, MARTINA	1. 15.		.2 NAME						
STREET ADDRESS			3	.3 STREE	T ADDRESS				•	Į
CITY-ST-ZIP;	MIAMI FL.			4. CITY-	ST-ZIP		.	Change	Addition	1
TITLE	ST	LJ D		.1 TITLE						
NAME O YORK	KING, ROSA BONILLA	•		. 2 NAME	·	,				
STREET ADDRESS					TADORESS	,				1
CITY-ST-ZIP	MIAMI FL 33157-1950		4	4 CITY-S	ST-ZIP			Change	☐ Addition	1

14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

305-238-7797

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90031 050 ****61.25

Change

☐ Change

Addition

☐ Addition