

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90099 006 ****61.25

DOCUMENT # 750369

1. Entity Name

THE PINES OF BOCA BARWOOD I CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

23380 S. BARWOOD LANE
BOCA RATON FL 33428
US

Mailing Address

301 W. CAMINO GARDENS BLVD., SUITE 20
BOCA RATON FL 33432



2. Principal Place of Business

1215 E Hillsboro Blvd
Suite, Apt. #, etc.

DEERFIELD BEACH,
City & State

FL

Zip
33441

Country
BROWARD

3. Mailing Address

1215 E Hillsboro Blvd
Suite, Apt. #, etc.

DEERFIELD BEACH
City & State

FL

Zip
33441

Country
BROWARD

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2054889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLEN, ANDREW C
% GLEN MANG. SERVICES INC.
301 W. CAMINO GARDENS BLVD., SUITE 200
BOCA RATON FL 32432

7. Name and Address of New Registered Agent

Name

CAMPBELL PROPERTY MANAGEMENT

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

1215 E Hillsboro Blvd

DEERFIELD BEACH,
City

FL

Zip Code

33441

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

PATRICIA BELL

Patricia Bell

4/23/05

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
Due By May 1, 2005

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 checked="" type="checkbox"/> Delete
NAME	LINE, RON	
STREET ADDRESS	23385 BARWOOD LANE S., #1-207	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DASILVA, JOSE	
STREET ADDRESS	23395 CAROLWOOD LANE, #4-204	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LOVE, CYNTHIA	
STREET ADDRESS	23380 CAROLWOOD LANE, #3-209	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAFLEUR, FRANCINE	
STREET ADDRESS	23395 CAROLWOOD LANE, #4-306	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALAIMO, JOE	
STREET ADDRESS	23385 BARWOOD LANE S., #1-301	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, LOUIS	
STREET ADDRESS	23385 BARWOOD LANE S., #1-202	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADELSTEIN, STUART M.	
STREET ADDRESS	23370 CAROLWOOD LANE #2-209	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASSANISI, DA	
STREET ADDRESS	23385 BARWOOD L S # 1-203	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSTINO, COLIN	
STREET ADDRESS	23385 BARWOOD LANE S.	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCCLERI, MARIA	
STREET ADDRESS	23385 BARWOOD LANE S # 1-208	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input 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:

D. Q. Passanisi, VPD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/05

Date

561-395-2487

Daytime Phone #