

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761066

FILED
Apr 13, 2006
Secretary of State

Entity Name: PINESHORE LAKEFRONT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12420 SW 112 AVENUE
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

12420 SW 112 AVENUE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SLAMA, MARGARET
12420 SW 112 AVENUE
MIAMI, FL 33176 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: TD () Delete
Name: SLAMA, MARGARET
Address: 12420 SW 112 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: STONE, ALAN
Address: 12610 SW 114 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SLAMA, MARGARET
Address: 12420 SW 112 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: V (X) Change () Addition
Name: STONE, ALAN
Address: 12610 SW 114 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: P () Change (X) Addition
Name: WYLDE, KEITH
Address: 12301 SW 113 AVENUE
City-St-Zip: MIAMI, FL 33176

Title: S () Change (X) Addition
Name: ORTEGA, VICTORIA
Address: 12630 SW 114 AVENUE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: MARGARET SLAMA

T

04/13/2006

Electronic Signature of Signing Officer or Director

Date