## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005457

**FILED** Apr 15, 2007 Secretary of State

Entity Name: PINES PANTHERS BAND PARENTS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

200 N DOUGLAS RD 200 NW DOUGLAS RD

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

**Current Mailing Address: New Mailing Address:** 

2231 N.W 93RD AVE 400 NW 107TH AVE.

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33026

FEI Number: 65-1037240 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARNEY, CHERYL KOPOLOVITS, ROBERTA L 2231 N.W. 93RD AVE 400 NW 107TH AVE

PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33026 US

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: ROBERTA L. KOPOLOVITS 04/15/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

BARNEY, CHERYL KOPOLOVITS, ROBERTA L Name: Name: 2231 N.W. 93RD AVE Address: 400 NW 107TH AVE. Address: City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33026

Title: Title: (X) Change ( ) Addition ( ) Delete

DANIELS, NICHOLE Name: CARRE, PAMELA Name:

Address: 8620 JOHNSON ST. Address: 1951 NW 84TH TER City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete Title: ( ) Change (X) Addition

CASELLAS, DEBORAH Name: Name: 8251 NW 16TH ST Address: Address:

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: LIGHT, ERNEST Address: Address: 8501 NW 11TH ST

City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Delete Title: ( ) Change (X) Addition

LIGHT, SADIE Name: Name: 8501 NW 11TH ST Address: Address:

PEMBROKE PINES, FL 33024 City-St-Zip: City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

ACOSTA, MONIQUE Name: Name: Address: Address: 395 NW 103RD TER

PEMBROKE PINES, FL 33026 City-St-Zip: City-St-Zip:

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: ROBERTA L. KOPOLOVITS Ρ 04/15/2007