AMENDED AR

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-02-2002 90813 015 ****61.25
N01000000463

FILED

02 JUL 12 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0126786

DOCUMENT # N01000000463

1. Entity Name
PINE TREE WATERWAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4800 PINETREE DR.	P.O. Box 402336
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33140 Country: USA	Zip: 33140 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1072128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOAN BENNETT

Street Address (P.O. Box Number is Not Acceptable): 318 NE 72 ST

City: MIAMI FL Zip Code: 33138

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARLA NADEL #103
STREET ADDRESS	4800 PINETREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	SD Treas.
NAME	JODIE KNOFSKY #101
STREET ADDRESS	4800 PINETREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D VPres.
NAME	MARK BLOOM #102
STREET ADDRESS	4800 PINETREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Bennett, Agent 6/27/02 305 532 7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #