


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90341 037 ****61.25

DOCUMENT # N01000000463		
1. Entity Name PINE TREE WATERWAY CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 4800 PINE TREE DRIVE MIAMI BEACH, FL 33140	Mailing Address 628 SIXTH ST SECOND FLOOR MIAMI BEACH, FL 33139
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2. Principal Place of Business 309- 23rd Street	3. Mailing Address 309-23 rd. Street
Suite, Apt. #, etc. #3B	Suite, Apt. #, etc. #3B

City & State MIAMI BEACH, FL	City & State MIAMI BEACH FL.
Zip 33139	Country U.S.A.



04212004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1072128	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VODA, TIM 628 SIXTHS SECOND FLOOR MIAMI BEACH, FL 33139	
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7. Name and Address of New Registered Agent Name REGATTA REAL ESTATE Mgmt. Inc. Street Address (P.O. Box Number is Not Acceptable) 309 - 23rd. Street, STE. #3B City MIAMI BEACH FL Zip Code 33139	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **4/26/04**

**Filing Fee is \$61.25
Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NADEL, MARIA 4800 PINE TREE DR #103 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLOOM, MARK 4800 PINE TREE DR #102 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DIAMOND, PETER 4000 PINE TREE DR 205 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER DIAMOND 4800 PINE TREE DRIVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLA NADEL 4800 PINE TREE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Filipo 4800 PINE TREE DRIVE MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TIM VODA 309 23 ST, Suite 3B MIAMI BEACH, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/26/04** DAYTIME PHONE # **305 673 1940**