

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000463

FILED
Apr 09, 2008
Secretary of State

Entity Name: PINE TREE WATERWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4800 PINE TREE DRIVE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

309 - 23RD STREET
#300
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-1072128 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

REGATTA REAL ESTATE MGMT., INC.
309 - 23RD STREET
SUITE #300
MIAMI BEACH, FL 33139 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: PD () Delete
Name: SCHWARTZ, HENRIETTA
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: KAUFMAN, ANDREW
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: MARINO, FILIPPO
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUERRA, ADRIANA
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change () Addition
Name: SCHWARZ, HENRIETTA
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T (X) Change () Addition
Name: VAZ, ANA
Address: 4800 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify 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: TIM A VODA

OFF

04/09/2008

Electronic Signature of Signing Officer or Director

Date