

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90160 023 \*\*\*\*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**

**PO BOX 402336  
MIAMI BEACH FL 33140**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 65-1072128**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BENNETT, JOAN  
518 NE 72  
MIAMI FL 33138**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**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 PD** ☐ Delete  
**NAME NADEL, MARIA**  
**STREET ADDRESS 4800 PINE TREE DR #103**  
**CITY-ST-ZIP MIAMI BEACH FL 33140**

**TITLE SDT** ☒ Delete  
**NAME KNOFSKY, JODIE**  
**STREET ADDRESS 4800 PINE TREE DR #101**  
**CITY-ST-ZIP MIAMI BEACH FL 33140**

**TITLE DV** ☐ Delete  
**NAME BLOOM, MARK**  
**STREET ADDRESS 4800 PINE TREE DR #102**  
**CITY-ST-ZIP MIAMI BEACH FL 33140**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE SDT** ☐ Change ☒ Addition  
**NAME Peter Diamond**  
**STREET ADDRESS 4800 Pine Tree Dr #205**  
**CITY-ST-ZIP Miami Beach, FL 33140**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

**SIGNATURE REQUIRED 4/14/03**

**305 673/940**

CR2E037 (10/02)