2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000757

1. Entity Name
PINES LAKE WATER MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10100 PINES BOULEVARD PEMBROKE PINES, FL 33026	10100 PINES BOULEVARD PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE

03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
01-0777794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOREN, SAMUEL S
3099 E. COMMERCIAL BOULEVARD
SUITE 200
FT. LAUDERDALE, FL 33308

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

Filing Fee is $61.25
Due by May 1, 2006

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

000000461310
03/20/06-80046-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIEGEL, DAVID
STREET ADDRESS	300 SE 2ND STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VD
NAME	DENTON, SHAWN
STREET ADDRESS	10100 PINES BOULEVARD
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	SD
NAME	TOLCES, DAVID
STREET ADDRESS	3099 E. COMMERCIAL BOULEVARD, SUITE 200
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	TD
NAME	GONZALEZ, ANER
STREET ADDRESS	10100 PINES BOULEVARD
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	SUAREZ, DENNIS
STREET ADDRESS	500 NORTHRIDGE RD STE 350
CITY-ST-ZIP	ATLANTA, GA 30330
TITLE	D
NAME	HAMPTON, CONNIE
STREET ADDRESS	600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP	BOSTON, MA 02210

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] ANER GONZALEZ 3/6/06 954-437-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #