


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000757	
1. Entity Name PINES LAKE WATER MANAGEMENT ASSOCIATION, INC.	

Principal Place of Business 10100 PINES BOULEVARD PEMBROKE PINES, FL 33026	Mailing Address 10100 PINES BOULEVARD PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



05202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0777794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000952344 06/04/08-80074-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEGEL, DAVID 300 SE 2ND STREET FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENTON, SHAWN 10100 PINES BOULEVARD PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOLCES, DAVID 3099 E. COMMERCIAL BOULEVARD, SUITE 200 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, ANER 10100 PINES BOULEVARD PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAREZ, DENNIS 500 NORTHRIDGE RD STE 350 ATLANTA, GA 30330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, CONNIE 600 ATLANTIC AVENUE, SUITE 2000 BOSTON, MA 02210

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IN THIS SPACE**

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: ANER GONZALEZ 5/20/08 9544327927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #