

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000757

FILED
Apr 14, 2009
Secretary of State

Entity Name: PINES LAKE WATER MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

10100 PINES BOULEVARD
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10100 PINES BOULEVARD
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 01-0777794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOREN, SAMUEL S
3099 E. COMMERCIAL BOULEVARD
SUITE 200
FT. LAUDERDALE, FL 33308 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: SIEGEL, DAVID
Address: 300 SE 2ND STREET
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VD () Delete
Name: DENTON, SHAWN
Address: 10100 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete
Name: TOLCES, DAVID
Address: 3099 E. COMMERCIAL BOULEVARD, SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: TD () Delete
Name: GONZALEZ, ANER
Address: 10100 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: SUAREZ, DENNIS
Address: 500 NORTHRIDGE RD STE 350
City-St-Zip: ATLANTA, GA 30330

Title: D () Delete
Name: HAMPTON, CONNIE
Address: 600 ATLANTIC AVENUE, SUITE 2000
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANER GONZALEZ

TD

04/14/2009

Electronic Signature of Signing Officer or Director

Date