

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90560 007 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000007571</b><br>1. Entity Name<br><b>PINES WEST CAMERA CLUB, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |
| Principal Place of Business<br><b>MIAMI HERLD OFFICE BUILDING<br/>2010 NW 150TH<br/>PEMBROKE PINES, FL 33026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                                                                  | Mailing Address<br><b>521 N 70TH WAY<br/>HOLLYWOOD, FL 33024</b> |                                                                                                                                                                  |                                                                                 |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | 3. Mailing Address                                                               |                                                                  |                                                                                                                                                                  |                                                                                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | Suite, Apt. #, etc.                                                              |                                                                  |                                                                                                                                                                  |                                                                                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | City & State                                                                     |                                                                  |                                                                                                                                                                  |                                                                                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                        | Zip                                                                              | Country                                                          |                                                                                                                                                                  |                                                                                 |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                |                                                                                  |                                                                  | 7. Name and Address of New Registered Agent                                                                                                                      |                                                                                 |
| <b>MORGANSTINE, MARC<br/>2516 PRINCETON COURT<br/>WESTON, FL 33327</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                  |                                                                  | Name <b>Judith Frederick</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>13901 SW 22 PL</b><br><b>DAVIE</b><br>City <b>FL</b> Zip Code <b>33325</b> |                                                                                 |
| 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 <i>Judith Frederick</i> <span style="float: right;">4-30-05</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                  | <b>\$5.00 May Be Added to Fees</b>                                                                                                                               |                                                                                 |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |                                                                                                                                                                  |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>MORGANSTINE, MARC<br/>2516 PRINCETON COURT<br/>WESTON, FL 33327</b>   | <input type="checkbox"/> Delete                                                  |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>MORGANSTINE, MARC<br/>2516 PRINCETON COURT<br/>WESTON, FL 33327</b>  | <input checked="" type="checkbox"/> Delete                                       |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <b>VP<br/>Michael Klenetsky<br/>9350 NW 18 Dr.<br/>Plantation, FL 33322</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SEC<br/>GREKO, ALICE<br/>3326 SW 181ST TERRACE<br/>MIRAMAR, FL 33020</b>    | <input checked="" type="checkbox"/> Delete                                       |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <b>SEC<br/>Jacquelyn Ryan<br/>201 SE 11 Ter. #106<br/>Dania Beach, FL 33004</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T<br/>RYAN, JACQUELYN<br/>201 SE 11 TER. #106<br/>DANIA BEACH, FL 33004</b> | <input checked="" type="checkbox"/> Delete                                       |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <b>T<br/>Ted Bojer<br/>5110 Cleveland St.<br/>Hollywood, FL 33021</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP<br/>FREDERICH, JUDITH<br/>13901 SW 22 PL<br/>DAVIE, FL 33325</b>         | <input type="checkbox"/> Delete                                                  |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | <input type="checkbox"/> Delete                                                  |                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| 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. |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |
| <b>SIGNATURE:</b> <i>Judith Frederick</i> <span style="float: right;">4-30-05 954-475-4518</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                |                                                                                  |                                                                  |                                                                                                                                                                  |                                                                                 |