2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 22, 2005 8:00 am Secretary of State

| DOCUMEN I # N03938 1. Entity Name PINECREST GROVE HOMEOWNERS ASSOCIATION, INC. | | | | | | | | 02-22-2005 | 90013 04 | 2 ****61 | 1.25 | |
|--|---------------------------------------|------------|---|-------|--|---|--------------------------------|----------------|----------------------------|-----------|-----------------------------|--|
| Principal Place of Business 5941 SW 105TH STREET MIAMI, FL 33156 US | | | Mailing Address 5941 SW 105TH STREET MIAMI, FL 33156 US | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. | #, etc. | Su | Suite, Apt. #, etc. | | | | 01182005 | Chg-NP | CR2E03 | 7 (10/03) | | |
| City & Stat | e | Ci | City & State | | | | 4. FEI Number 59-2772 | 133 | | | oplied For ot Applicable | |
| Zíp Country | | Zi | Zip Co | | intry | 5. Certificate of Status Desired | | | | | ditional | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | | Name | | | | | | |
| ALVAREZ, VICTOR M 5941 SW 105TH STREET MIAMI, FL 33156 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | City | | , | | FL | Zip Cod | le | |
| 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 trile if applicable. (NOTE: Registered Agent signature required when renstating) DATE | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Fin Trust Fund Contribution | | | | | | | \$5.00 May Be Added to Fees | | Make check Irida Depart | | | |
| 10. | OFFICERS AND | DIRECTORS | | 11. | | Α | ADDITIONS/CHAP | NGES TO OFFICI | ERS AND DIR | ECTORS IN | l 10 | |
| TITLE | TD | • | Delete | TITLE | | | | | | ☐ Change | ☐ Addition | |
| NAME | BELL, MARYANN | | | NAM | _ | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 5922 SW 105 ST MIAMI, FL 33156 | | | | ET ADDRESS -ST-ZIP | | | | | | | |
| | D D | | | - | | TD | | | | × - | | |
| TITLE NAME | VICTOR, ALVAREZ | | Delete | TITLE | | | AREZ, VIC | ጥሰው | | A Change | Addition 🔲 | |
| STREET ADDRESS | 5941 SW 105 ST | | | | et aodress . | 1 | L SW 105 | | | | | |
| CTTY-ST-ZIP | MIAMI, FL 33156 | | | | -ST-ZIP | | II, FL 33 | | | | | |
| TITLE | SD | | Delete | TITLE | | LITER | 11, FL <u>JJ</u> | 150 | | ☐ Change | Addition | |
| NAME | ALVAREZ, VICTOR | | | NAM | | - | | | | | | |
| STREET ADDRESS | 5941 SW 105 ST | | | STRE | ET ADDRESS | | | | | | | |
| CATY - ST - ZIP | MIAMI, FL 33156 | | | СПУ | ·ST-ZP | ! | | | | | | |
| TITLE | PD | | ☐ Delete | TITLE | | | | | | Change | Addition | |
| NAME | FISHER, IKE | | | NAM | E | | | | | | | |
| STREET ADDRESS | 5881 SW 105 ST | | | | et address | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL 33156 | | | CITY- | -ST-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | | ☐ Change | Addition | |
| name Street address | | | | NAM | e Et address | | | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | | | |
| TITLE | | | Delete | TITLE | | L | | | | ☐ Change | Addition | |
| NAME | | | term evolution | NAME | | | | | | | Addition | |
| STREET ADDRESS | | | | | et address | | | | | • | | |
| CITY-ST-ZIP | | | | CITY- | -ST-ZIP | | | | | | | |
| | certify that the information supplied | 50 0 5 700 | 1 11 | | | | | | | | | |

indicated on this report or supplied with all other like empowered. 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.

NUTTOR M ALVAREZ

NIGTURE AND TYPED OR PRINTED NAME OF SUGNING OFFICER OR DIRECTOR

305 - 371 - 2700 Daytime Phone #