

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03938**

1. Entity Name  
**PINECREST GROVE HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business

**5941 SW 105TH STREET  
MIAMI, FL 33156 US**

Mailing Address

**5941 SW 105TH STREET  
MIAMI, FL 33156 US**

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2772133**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ALVAREZ, VICTOR M  
5941 SW 105TH STREET  
MIAMI, FL 33156**

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	ALVAREZ, VICTOR
STREET ADDRESS	5941 SW 105 ST
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	SD
NAME	ALVAREZ, VICTOR
STREET ADDRESS	5941 SW 105 ST
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	PD
NAME	FISHER, IKE
STREET ADDRESS	5881 SW 105 ST
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000715416  
04/27/07-80064-005 61.25

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DIRECTOR**

**4/13/07**

Date

Daytime Phone # \_\_\_\_\_