


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90026 020 \*\*\*\*61.25

<b>DOCUMENT # N04000001149</b> 1. Entity Name <b>PINEBROOK PRESERVE CONDOMINIUM OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285</b>		Mailing Address <b>333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285</b>	
2. Principal Place of Business - No P.O. Box # <b>105 PRESERVE PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>105 PRESERVE PLACE</b> Suite, Apt. #, etc.	
City & State <b>VENICE, FLORIDA</b> Zip Country <b>34275 USA</b>		City & State <b>VENICE FLORIDA</b> Zip Country <b>34275 USA</b>	
4. FEI Number <b>16-1692017</b>		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 <b>MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL SUITE 101 VENICE, FL 34285</b>		7. Name and Address of New Registered Agent Name <b>Tina DiMaria</b> Street Address (P.O. Box Number is Not Acceptable) <b>105 PRESERVE PLACE</b> City <b>VENICE FLORIDA FL</b> Zip Code <b>34275</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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, JAYNE E 333 SOUTH TAMiami TRAIL VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINA DIMARIA 105 PRESERVE PLACE VENICE FLORIDA 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEPHEN DI BARTOLOMEO 105 PRESERVE PLACE VENICE, FLORIDA 34275 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONDIT, CLIFF 333 S TAMiami TRAIL STE 101 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAYMOND LONGLO 105 PRESERVE PLACE VENICE FLORIDA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <b>Tina DiMaria</b>		5-5-08 941-488-7528	