

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004608

FILED
Apr 14, 2009
Secretary of State

Entity Name: PINE ISLAND OFFICE CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

101 NORTH PINE ISLAND RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

A & W PROPERTY MANAGEMENT
PO BOX 15624
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 26-0090243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, ARLINE
A & W PROPERTY MGMT INC
9715 W BROWARD BLVD #235
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WALKER, ARLINE
A & W PROPERTY MGMT INC
773 N W 100 TERRACE
PLANTATION, FL 33324 US

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: ARLINE WALKER

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAULEAU, JEAN
Address: 111 NORTH PINE ISLAND RD SUITE 203
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: KUGYELA, BARBARA
Address: 111 NORTH PINE ISLAND RD SUITE 202
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: GORFINKLE, MICHAEL
Address: 111 NORTH PINE ISLAND RD SUITE 101
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAULEAU, JEAN
Address: 111 NORTH PINE ISLAND RD SUITE 203
City-St-Zip: PLANTATION, FL 33324

Title: TD (X) Change () Addition
Name: KUGYELA, BARBARA
Address: 111 NORTH PINE ISLAND RD SUITE 202
City-St-Zip: PLANTATION, FL 33324

Title: SD (X) Change () Addition
Name: GORFINKLE, MICHAEL
Address: 111 NORTH PINE ISLAND RD SUITE 101
City-St-Zip: PLANTATION, FL 33324

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: ARLINE WALKER

MGR

04/14/2009

Electronic Signature of Signing Officer or Director

Date