## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006134

Entity Name: PINAR CONDOMINIUM ASSOCIATION, INC.

FILED Apr 24, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2850 DOUGLAS ROAD 107 SW 18 CT PENTHOUSE SUITE MIAMI, FL 33135 CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

PO BOX 350425 9100 DADELAND BOULEVARD **SUITE 1607** MIAMI, FL 33135 MIAMI, FL 33156

FEI Number: 20-3400373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEEB, KEVIN L 9100 Ś. DADELAND BOULEVARD **SUITE 1607** MIAMI, FL 33156 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

() Delete FERNANDEZ, ARISTIDES Name: Address: 107 SW 18 COURT City-St-Zip: MIAMI, FL 33135

Title: ( ) Delete BOLANOS, SADY Name: Address: 107 SW 18 COURT City-St-Zip: MIAMI, FL 33135

Title: () Delete RAMIREZ, ARMANDO Name: Address: 107 SW 18 COURT City-St-Zip: MIAMI, FL 33135

(X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FERNANDEZ, ARISTIDES Name: Address: 107 SW 18 COURT 3 City-St-Zip: MIAMI, FL 33135

Title: (X) Change ( ) Addition

Name: BOLANOS, SADY Address: 107 SW 18 COURT 2 City-St-Zip: MIAMI, FL 33135

Title: (X) Change ( ) Addition

RAMIREZ, ARMANDO Name: 107 SW 18 COURT 5 Address: City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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: ARISTIDES FERNANDEZ D 04/24/2006