2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006134

Entity Name: PINAR CONDOMINIUM ASSOCIATION, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

107 SW 18 CT MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

C/O THE 12 HOOSEY PROP MGMT PO BOX 452756 C/O THE 12 HOUSES PROP MGMT PO BOX 452756

PO BOX 452756 PO BOX 452756 MIAMI, FL 33245 MIAMI, FL 33245

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:

 RUBIN, JONATHAN R P.A.
 RUBIN, JONATHAN R P.A.

 9360 SONSET DRIVE
 9360 SUNSET DR

 STE 220
 STE 220

 MIAMI, FL 33173 US
 MIAMI, FL 33173 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: 02/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: D (X) Change () Addition Name: FERNANDEZ, ARISTIDES Name: FERNANDEZ, ARISTIDES

 Address:
 107 SW 18 COURT 3
 Address:
 107 SW 18 CT #3

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33135

Title: DT () Delete Title: DT (X) Change () Addition Name: BOLANOS, SADY BOLAÑOS, SADY

Address: 107 SW 18 COURT 2 Address: 107 SW 18 CT #2
City-St-Zip: MIAMI, FL 33135 City-St-Zip: MIAMI, FL 33135

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 RAMIREZ, ARMANDO
 Name:
 RAMIREZ, ARMANDO

 Address:
 107 SW 18 COURT 5
 Address:
 107 SW 18 CT #5

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 MIAMI, FL 33135

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: ARMANDO RAMIREZ DP 02/04/2009