

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

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006795

1. Entity Name
**PINES PLAZA OFFICE CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**16956 MACGREGOR BLVD.
FT MYERS, FL 33908**

Mailing Address
**16956 MCGREGOR BLVD
SUITE 8
FT. MYERS, FL 33908**



02202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3445746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, ADRIANA
16956 MCGREGOR BLVD SUITE 8
FT MYERS, FL 33908**

**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

Adriana Y. Cruz

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**

**U00000664167
03/22/07-80032-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEREZ, EDITH
STREET ADDRESS	291 21ST STREET NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	V
NAME	CURTIS, RALPH
STREET ADDRESS	459 LAGOON DR
CITY-ST-ZIP	SANIBEL, FL 339570183
TITLE	S
NAME	CRUZ, ADRIANA
STREET ADDRESS	16956 MCGREGOR BLVD SUITE 8
CITY-ST-ZIP	FT MYERS, FL 33908
TITLE	T
NAME	CURTIS, BILLYE J
STREET ADDRESS	459 LAGOON DR
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Ralph J. Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-2007

Date

(239) 454-0010

Daytime Phone #