

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011488

1. Entity Name
THE PINES OF VERO CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
4141 16TH STREET
VERO BEACH, FL 32960

Mailing Address
4141 16TH STREET
VERO BEACH, FL 32960



01242007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-3383798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER & CRONIG LLP.
3250 MARY STREET,
SUITE 307
MIAMI, FL 33133

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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

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

U00000638829
02/27/07-80046-009 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME BERMAN, DANA J
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP MIAMI, FL 33133

TITLE VP
NAME SCHWARTZ, DAREN
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP MIAMI, FL 33133

TITLE S/T
NAME GILLIS, JOSEPH
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY-ST-ZIP MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2/14/07

X 305 341 0600