2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N06000000943

Entity Name: PINE OAK CONDOMINIUM ASSOCIATION INC

Current Principal Place of Business:

8890 W OAKLAND PK BLVD
202
SUNRISE, FL 33351

New Principal Place of Business:

8890 W OAKLAND PK BLVD
SUITE 202
SUNRISE, FL 33351

Current Mailing Address:

8890 W OAKLAND PK BLVD
202
SUNRISE, FL 33351

New Mailing Address:

8890 W OAKLAND PK BLVD
SUITE 202
SUNRISE, FL 33351

FEI Number: 59-2346341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCUS, JEFFREY I
8890 W OAKLAND PARK BLVD
202
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MARCUS, JEFFREY I
8890 W OAKLAND PARK BLVD
SUITE 202
SUNRISE, FL 33351 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: _____ 03/16/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: ROTH, ALEC
Address: 8890 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: VP/D ( ) Delete
Name: LEONARD, ELISE
Address: 8890 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: T/D ( ) Delete
Name: MARCUS, JEFFREY
Address: 8890 W AOKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEC ROTH PD 03/16/2009
Electronic Signature of Signing Officer or Director — Date