

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002595

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** PINE CONES AT WELLINGTON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4937 S.W. 75TH AVE. BLDG B #21  
MIAMI, FL 33155

**New Principal Place of Business:**

711 FOREST CLUB DRIVE  
WELLINGTON, FL 33414

**Current Mailing Address:**

4937 S.W. 75TH AVE. BLDG B #21  
MIAMI, FL 33155

**New Mailing Address:**

PO BOX 565667  
MIAMI, FL 33256

**FEI Number:** 20-4811088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MITRANI, ISAAC  
2200 SUNTRUST INT'S CENTER  
ONE SE THIRD AVE  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALONSO, LUIS  
Address: 4937 S.W. 75TH AVE. BLDG B #21  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: BLANCO, MARLON  
Address: 4937 S.W. 75TH AVE. BLDG B #21  
City-St-Zip: MIAMI, FL 33155

Title: TD ( ) Delete  
Name: SOLARES, HUMBERTO  
Address: 4937 S.W. 75TH AVE. BLDG B #21  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALONSO, LUIS  
Address: PO BOX 565667  
City-St-Zip: MIAMI, FL 33256

Title: SD (X) Change ( ) Addition  
Name: BLANCO, MARLON  
Address: PO BOX 565667  
City-St-Zip: MIAMI, FL 33256

Title: TD (X) Change ( ) Addition  
Name: CASOLA, ERIC  
Address: PO BOX 565667  
City-St-Zip: MIAMI, FL 33256

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: LALONSO

P

02/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date