

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007257

FILED
Apr 30, 2008
Secretary of State

Entity Name: PINE DRIVE WATERFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2101 N COMMERCE PKWY
WESTON, FL 33326

New Principal Place of Business:

1 FINANCIAL PLAZA
SUITE 2001
FT. LAUDERDALE, FL 33394

Current Mailing Address:

2101 N COMMERCE PKWY
WESTON, FL 33326

New Mailing Address:

1 FINANCIAL PLAZA
SUITE 2001
FT. LAUDERDALE, FL 33394

FEI Number: 20-5348505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRIANA & CHRISTIANSEN, P.A.
1500 N FEDERAL HWY
STE 200
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

SENTINEL PROPERTY MANAGEMENT, LLC.
1 FINANCIAL PLAZA
SUITE 2001
FT LAUDERDALE, FL 33394 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: DAVID BURGESS

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAINE, JAMES
Address: 2101 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: PAINE, DEBRA A
Address: 2101 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326

Title: STD () Delete
Name: CASALE, DOMINICK
Address: 2101 N COMMERCE PKWY
City-St-Zip: WESTON, FL 33326

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: JAMES PAINE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date