2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# N06000007257

Entity Name: PINE DRIVE WATERFRONT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2132 E. OAKLAND PARK BLVD., SUITE 1
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2132 E. OAKLAND PARK BLVD., SUITE 1
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 20-5348505 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

V. WATERHOUSE, SUZANNE CCIM
2132 E. OAKLAND PARK BLVD., SUITE 1
FORT LAUDERDALE, FL 33306 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: 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: VP (X) Change ( ) Addition
Name: DI BLASIO, SALVATORE
Address: 912 PINE DRIVE #203
City-St-Zip: POMPANO BEACH, FL 33060

Title: STD (X) Change ( ) Addition
Name: CASALE, LOUISE
Address: 912 PINE DRIVE #107
City-St-Zip: POMPANO BEACH, FL 33060

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 P 08/31/2009

Electronic Signature of Signing Officer or Director — Date