

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007443	
1. Entity Name PINEBROOKE CONDOMINIUM P ASSOCIATION, INC.	

Principal Place of Business 15800 SW 91 COURT UNIT C MIAMI FL 33157	Mailing Address 15800 SW 91 COURT UNIT C MIAMI FL 33157
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
4. FEI Number 20-5218968	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CABALLERO, GUILLERMO F 15800 SW 91 COURT UNIT C MIAMI FL 33157	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

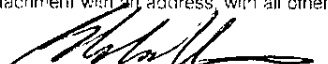
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	P CABALLERO, GUILLERMO F
STREET ADDRESS	15800 SW 91 COURT UNIT C
CITY- ST- ZIP	MIAMI FL 33157
TITLE	☐ Delete
NAME	V RICARDO, MELBA
STREET ADDRESS	15802 SW 91 COURT UNIT C
CITY- ST- ZIP	MIAMI FL 33157
TITLE	☐ Delete
NAME	S FRANCIS, MONICA
STREET ADDRESS	15806 SW 91 COURT UNIT C
CITY- ST- ZIP	MIAMI FL 33157
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000817143
CITY- ST- ZIP	02/14/08-80082-008 61.25
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **GUILLERMO F CABALLERO** **2/4/08**