## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # N09993** THE PINES COMMERCE CENTER CONDOMINIUM 09 FEB 18 PH 12: 34 ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 12169 S.W. 131 AVE. POB 831741 MIAMI, FL 33186 MIAMI, FL 33283 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052009 Chg-NP CR2E037 (11/08) Applied For 4. FEI Number 59-2664107 City & State City & State Not Applicable Zip Country \$8.75 Additional Zìo Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OCEAN MANAGEMENT & INVESTMENT CORP. Street Address (P.O. Box Number is Not Acceptable) 12350 SW 132ND CT, # 211 MIAMI, FL 33186 City 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 registered agent. SIGNATURE DATE ped of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2009 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD Change Addition TITLE ☐ Delete TITLE FERNANDEZ, LORENZO NAME NAME 02月夏南土西南甲马南与秦西。25 12169 SW 131 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-71P VPD Change ☐ Addition TITLE TIME KATZ, RON NAME NAME STREET ADDRESS 12927 SW 103 PLACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33176 CITY-ST-ZIP VΡ Change Addition ☐ Detete TITLE TITLE NAME KVCK, PETER NAME 12180 SW 131 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP ☐ Change <del>voo</del>sic. ☐ Delete TITLE Addition SAUNDERS, ERROL NAME NAME 12173 SW 131 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CHY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-SI-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower. e exemptions contained in Chapter 119, Florida Statutes. I further certify that the information does not qualify significe shall have the same legal effect as if made under oath; that I am an officer or director regulifed by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if curate and the changed, or on an attachment with an address, SIGNATURE: \_ SIGNATURE AND TYPED

2/1802