

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 24, 2010  
Secretary of State**

DOCUMENT# N93000000617

**Entity Name:** PINE ISLAND BAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1145 SAWGRASS CORPORATE PKWY.  
SUNRISE, FL 33323 US**New Principal Place of Business:****Current Mailing Address:**1145 SAWGRASS CORPORATE PKWY.  
SUNRISE, FL 33323 US**New Mailing Address:**

FEI Number: 65-0414697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**TUCKER & TIGHE, P.A.  
800 EAST BROWARD BOULEVARD  
SUITE 710  
FT. LAUDERDALE, FL 33301 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: THOMAS TIGHE, ESQ.

08/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P  
Name: SHUMAN, NICOLE  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 USTitle: VP  
Name: FINKELSTEIN, JOAN  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 USTitle: T  
Name: CUYUGAN, RUDY  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 USTitle: S  
Name: PABON, LIDIA  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 USTitle: D  
Name: BUONOCORE, DANIEL  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323 US

I hereby 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 all other like empowered.

SIGNATURE: NICOLE SHUMAN

P

08/24/2010

Electronic Signature of Signing Officer or Director

Date