

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90057 027 ****61.25

DOCUMENT # N93000004887

1. Entity Name
**THE PINES AND THE PALMS CONDOMINIUM
ASSOCIATION OF MIAMI BEACH, INC.**



Principal Place of Business
**2463 PINETREE DR.
MIAMI BEACH, FL 33140**

Mailing Address
**C/O COMPLETE PROPERTY MGMT.
3550 BISCAYNE BLVD. SUITE 401
MIAMI, FL 33137**

40061498



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

65-0484734

Applied For

Not Applicable

Zip

Country

Zip

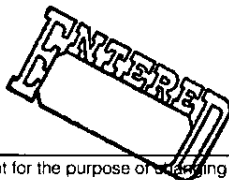
Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COMPLETE PROPERTY MGMT
3550 BISCAYNE BLVD
SUITE 401
MIAMI, FL 33137**



7. Name and Address of New Registered Agent

Name
ROSAM DELA CAMARA

Street Address (P.O. Box Number is Not Acceptable)

121 ALHAMBRA PLAZA 10TH Floor.

City
CORAL GABLE

FL Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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**

10. OFFICERS AND DIRECTORS

TITLE NAME	P SAXON, HENRY	<input type="checkbox"/> Delete
STREET ADDRESS	408 W. 25TH STR #9	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE NAME	T SCHARZ, ADAM	<input type="checkbox"/> Delete
STREET ADDRESS	406 W 25TH STREET	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE NAME	V CECILIA, CARRUTHERS	<input type="checkbox"/> Delete
STREET ADDRESS	406 W 25TH STREET	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE NAME	S MC KINSTRY, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	406 W 44TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE NAME	D GUSEMAN, MARY E	<input type="checkbox"/> Delete
STREET ADDRESS	406 W 25TH ST UNIT 8	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Saxon Henry	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	408 W. 25th St, #9	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE NAME	① Mariyeli Guseman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	406 W 25th St 2450 Flamingo Place #D	
CITY-ST-ZIP	MB, FL 33140	
TITLE NAME	V Grace Barnes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	406 W. 25th #7	
CITY-ST-ZIP	MB, FL 33140	
TITLE NAME	S John McKinstry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	408 W. 25th St, #87	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE NAME	D Jorge Aguerrevere	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2450 Flamingo Place #H	
CITY-ST-ZIP	MB, FL 33140	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Mariyeli Guseman **MARIYELI GUSEMAN** **PRESIDENT** **02/20/08** **305 338 5779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #