

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000005102 1. Entity Name PINE LAKE MAINTENANCE ASSOCIATION, INC.	
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Principal Place of Business C/O PAUL A SCARPINATO 10317 SW 49 MANOR COOPER CITY FL 33328	Mailing Address C/O PAUL A SCARPINATO 10317 SW 49 MANOR COOPER CITY FL 33328
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E037 (10/04)

4. FEI Number 65-0900362	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCARPINATO, PAUL A
10317 SW 49 MANOR
COOPER CITY FL 33328**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D WRAY, CHARLES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10333 SW 49TH MANOR	NAME	U00000254523
STREET ADDRESS	10333 SW 49TH MANOR	STREET ADDRESS	03/07/05-80078-004 61.25
CITY-ST-ZIP	COOPER CITY FL 33328	CITY-ST-ZIP	
TITLE	D SWARTZ, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10348 SW 48TH CT	NAME	
STREET ADDRESS	10348 SW 48TH CT	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33328	CITY-ST-ZIP	
TITLE	D PAUL, SCARPINATO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10317 SW 49 MANOR	NAME	
STREET ADDRESS	10317 SW 49 MANOR	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328	CITY-ST-ZIP	
TITLE	D ARCULEO, JANET <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10221 SW 49TH MANOR	NAME	
STREET ADDRESS	10221 SW 49TH MANOR	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL 33328	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles Wray **CHARLES WRAY** 02/26/2005 954-434-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #