


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005102		
1. Entity Name PINE LAKE MAINTENANCE ASSOCIATION, INC.		
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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCARPINATO, PAUL A 10317 SW 49 MANOR COOPER CITY, FL 33328		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRAY, CHARLES 10333 SW 49TH MANOR COOPER CITY, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWARTZ, WILLIAM 10348 SW 48TH CT COOPER CITY, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAUL, SCARPINATO 10317 SW 49 MANOR FORT LAUDERDALE, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCULEO, JANET 10221 SW 49TH MANOR COOPER CITY, FL 33328	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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: <u>Charles Wray</u> <u>CHARLES WRAY</u> 1/07/06 954-434-3068 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0900362	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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01/11/06-80012-003 61.25

**DO NOT WRITE
IN THIS SPACE**