

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0900362</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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 \_\_\_\_\_

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

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

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	

U00000580303  
01/10/07-80041-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 as changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Charles Wray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES Wray**

**1/5/2007 9544343068**  
DATE DAYTIME PHONE #