

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 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**



01272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0900362

Applied For

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 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**

U00000809173

02/08/08-80010-023 61.25

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

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

SIGNATURE: *Paul A. Scarpinato* **Paul A. Scarpinato**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/08

DATE

954-434-3223

DAYTIME PHONE #