

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000373

FILED  
Jan 25, 2005  
Secretary of State

**Entity Name:** OFFICES AT PINECREST II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7685 SW 104TH STREET  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7685 SW 104TH STREET  
STE 210  
MIAMI, FL 33156

**New Mailing Address:**

7685 SW 104TH STREET  
C/O STE 210  
MIAMI, FL 33156

**FEI Number:** 65-0928144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLZBERG, GLENN J  
7685 SW 104TH STREET STE 220  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CIMINERO, ANTHONY R  
Address: 7685 SW 104 ST, SUITE 100  
City-St-Zip: MIAMI, FL 33156

Title: VPD ( ) Delete  
Name: HOLZBERG, GLENN J  
Address: 7685 SW 104 STREET, SUITE 220  
City-St-Zip: MIAMI, FL 33156

Title: STD ( ) Delete  
Name: RUBIN, JANICE L  
Address: 7685 SW 104 ST, SUITE 210  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE LAVERNIA RUBIN

STD

01/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date