

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708705 (9)

1. Corporation Name

PINE DRIVE MANOR ASSOCIATION, INC.



Principal Place of Business: 1100 PINE DRIVE, POMPANO BEACH FL 33060
Mailing Address: 1100 PINE DRIVE, POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 03/26/1965
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-1147799
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: MARTIN, ALBERT, 1100 PINE DR., UNIT 207, POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MARTIN, ALBERT | |
| STREET ADDRESS | 1100 PINE DR., UNIT 207 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | KEFFER, PETER | |
| STREET ADDRESS | 1100 PINE DR., UNIT 206 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SMART, JEFFREY | |
| STREET ADDRESS | 1100 PINE DR., UNIT 106 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JUDY, ROGER | |
| STREET ADDRESS | 1100 PINE DR., UNIT 103 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HORNE, DON | |
| STREET ADDRESS | 1100 PINE DR., UNIT 201 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PFEIL, ROBERT | |
| STREET ADDRESS | 1100 PINE DR., UNIT 101 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33060 | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-------------------------|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Vice President (V) (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | John Lopresti | |
| 2.3 STREET ADDRESS | 1100 Pine DR Unit 205 | |
| 2.4 CITY-ST-ZIP | Pompano Beach, FL 33060 | |
| 3.1 TITLE | Director (D) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Peter Keffer | |
| 3.3 STREET ADDRESS | 1100 PINE DR. Unit 206 | |
| 3.4 CITY-ST-ZIP | Pompano Bch, FL 33060 | |
| 4.1 TITLE | Director (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Joseph Petito | |
| 4.3 STREET ADDRESS | 1100 PINE DR Unit 202 | |
| 4.4 CITY-ST-ZIP | Pompano Bch, FL 33060 | |
| 5.1 TITLE | Board of Director (D) | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Joseph Fuzio | |
| 5.3 STREET ADDRESS | 1100 PINE DR # 201 | |
| 5.4 CITY-ST-ZIP | Pompano Beach, FL 33060 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 1-31-96 Daytime Phone #: 954/943-2987

CR2E037 (12/95)