

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 708705 (9)**

1. Corporation Name  
**PINE DRIVE MANOR ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1100 PINE DRIVE<br>POMPANO BEACH FL 33060 | Mailing Address<br>1100 PINE DRIVE<br>POMPANO BEACH FL 33060 |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc. |
| 23<br>City & State  | 27<br>City & State                               |
| 24<br>Zip   | 25<br>Country                                    |
| 29<br>Zip   | 30<br>Country                                    |

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/26/1965</b>  | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>59-1147799</b>  |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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 (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 **John Lo Presti Pres.** DATE **1-22-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>JOHN LO PRESTI</b><br><b>1100 PINE DR., #205</b><br><b>POMPANO BEACH FL</b>          | <input type="checkbox"/> DELETE                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>JOSEPH FUZIA</b><br><b>1100 PINE DR., #201</b><br><b>POMPANO BEACH FL</b>            | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KEFFEL, PETER</b><br><b>1100 PINE DRIVE UNIT 206</b><br><b>POMPANO BEACH FL</b>      | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BERNICE MULLEN</b><br><b>1100 PINE DR., #204</b><br><b>POMPANO BEACH FL</b>          | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ALBERT MARTIN</b><br><b>1100 PINE DR., #207</b><br><b>POMPANO BEACH FL</b>           | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PFEIL, ROBERT</b><br><b>1100 PINE DR., UNIT 101</b><br><b>POMPANO BEACH FL 33060</b> | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |

|  |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ALBERT MARTIN</b><br><b>1100 Pine DR. #207</b><br><b>Pompanso Beach, FL 33060</b> |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>STEVE POLLART</b><br><b>1100 Pine DR #104</b><br><b>Pompanso Beach, FL 33060</b>             |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>MIKE KIERVAN</b><br><b>1100 Pine DR #106</b><br><b>Pompanso Beach, FL 33060</b>              |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ALLAN PAPP</b><br><b>1100 Pine DR. #105</b><br><b>Pompanso Beach, FL 33160</b>               |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **John Lo Presti** DATE: **1-22-98**

Signature and typed or printed name of signing officer or director

CR2E037 (10/97)