

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:56

DOCUMENT # 724892 (5)

1. Corporation Name

1004 PINE DRIVE ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1004 PINE DRIVE
POMPANO BEACH FL 33060**
Mailing Address: **1004 PINE DRIVE
POMPANO BEACH FL 33060**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1972** 3a. Date of Last Report: **03/08/1994**
4. FEI Number: **59-1578985** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **No** **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**CONLEY, EILEEN R
1004 PINE DR
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: **FL** B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Eileen R Conley STD **3-25-95**
Signature, typed or printed name of registered agent after use if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	-D-
NAME	SLATTERY, JOHN
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	SALZANO, MICHAEL
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D
NAME	SHARKEY, WILLIAM
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	STD
NAME	CONLEY, EILEEN
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VD
NAME	KELLY, RICHARD
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	PD
NAME	COLLINS, SHIRLEY W
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES MALERDA
1.3 STREET ADDRESS	1004 PINE DRIVE
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eileen R Conley **3-25-95** **(305) 782-4632**
Signature and typed or printed name of signing officer or director Date Daytime Phone #
EILEEN R. CONLEY