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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724892

1. Corporation Name
1004 PINE DRIVE ASSOCIATION, INC.

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 11/29/1972

4. FEI Number: 59-1578985 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DEERY, CELINE L
1004 PINE DR
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name: JOHN SLATTERY
82 Street Address (P.O. Box Number is Not Acceptable): 1004 Pine DR.
83: Apt 103
84 City: Pompano Beach, FL 85 Zip Code: 33060

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 X _____ 2-9-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	P.D	☑ Change ☐ Addition
NAME	SLATTERY, JOHN		1.2 NAME		
STREET ADDRESS	1004 PINE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	D.	☑ Change ☑ Addition
NAME	SALZANO, MICHAEL		2.2 NAME	JAMES RAIA RB.	
STREET ADDRESS	1004 PINE DRIVE		2.3 STREET ADDRESS	1004 PINE DR.	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	POMPANO FL 33060	
TITLE	TD	☒ DELETE	3.1 TITLE	S.D.	☑ Change ☑ Addition
NAME	DEERY, CELINE L		3.2 NAME	TIM GRAVES	
STREET ADDRESS	1004 PINE DRIVE		3.3 STREET ADDRESS	1004 PINE DR.	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD	☐ DELETE	4.1 TITLE	T.D.	☑ Change ☐ Addition
NAME	COLLINS, SHIRLEY W		4. 2 NAME		
STREET ADDRESS	1004 PINE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☑ Change ☑ Addition
NAME			5.2 NAME	JAMES MURPHY	
STREET ADDRESS			5.3 STREET ADDRESS	Shed Hill RD.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	STADDARD DR. N. H.	
TITLE		☐ DELETE	6.1 TITLE	D	☑ Change ☑ Addition
NAME			6.2 NAME	WM SHARKEY	
STREET ADDRESS			6.3 STREET ADDRESS	38 Chestnut St.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Hicksville N.Y.	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ Feb. 15, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #