2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State
02-07-2000 90002 043 ****61.25

DOCUMENT # 724892

1. Entity 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 33060-7477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLATTERY, JOHN 1004 PINE DR POMPANO BEACH FL 33060	Name GARY CACCAVIELLO Street Address (P.O. Box Number is Not Acceptable) 1004 PINE DRIVE UNIT 105 City POMPANO BEACH FL Zip Code 33060

8. 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 GARY CACCAVIELLO 1/21/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to *Department of State*

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SLATTERY, JOHN 1004 PINE DRIVE POMPANO BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD KELLY 243 WEST END AVE APT 1704 NEW YORK, NY 10023	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALERBA, JAMES 1004 PINE DRIVE POMPANO BEACH FL 33608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT MICHAEL SALZANO 70 ZABRISKIE STREET JERSEY CITY, NJ 07307	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAOES, TIM 1004 PINE DRIVE POMPANO BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECTY-TRES WILLIAM SHARKEY 38 CHESTNUT ST HICKSVILLE NY 11801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLLINS, SHIRLEY W 1004 PINE DRIVE POMPANO BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMES MURPHY 1030 SHEDD HILL ROAD STODDARD, NH 03464	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, JAMES SHED HIL RD STODDARD NH	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CELINE DEERY 1004 PINE DRIVE UNIT 106 POMPANO BEACH FL 33060	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARKEY, W M 38 CHESTNUT ST HICKVILLE NY	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GARY CACCAVIELLO 1004 PINE DRIVE UNIT 105 POMPANO BEACH, FL 33060	☐ Change ☑ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Sharkey DIR WILLIAM SHARKEY 1-21-2000 (516) 488-4414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #