2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90042 034 ****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

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01282004 No Chg-NP CR2E037 (10/03)

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

CACCAVIELLO, GARY
1004 PINE DR
UNIT 105
POMPANO BEACH, FL 33060

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOKENRUTH, FABIAN
STREET ADDRESS	1004 PINE DRIVE APT 202
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	KELLY, RICHARD
STREET ADDRESS	1004 PINE DRIVE APT 101
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	DUFFY, PAUL
STREET ADDRESS	1004 PINE DRIVE APT 102
CITY-ST-ZIP	POMPANO BEACH, FL 33030
TITLE	D
NAME	CACCAVIELLO, GARY
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	ST
NAME	WILMER, CINDY
STREET ADDRESS	1004 PINE DRIVE APT 203
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	SHARKEY, WILLIAM
STREET ADDRESS	1004 PINE DR. APT 103
CITY-ST-ZIP	POMPANO BEACH, FL 33060

MICHAEL MILLER
1004 PINE DRIVE
POMPANO BEACH FL 33060

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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 WILLIAM SHARKEY ✓ 2/3/04 954 943-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

sign + print name