2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

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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02282008 No Chg-NP CR2E037 (4/06)

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUFFY, PAUL
STREET ADDRESS	1004 PINE DRIVE APT 102
CITY-ST-ZIP	POMPANO BEACH, FL 33030
TITLE	BOD
NAME	CACCAVIELLO, GARY
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	BOD
NAME	MILLER, MICHAEL
STREET ADDRESS	1004 PINE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D/D3
NAME	SHARKEY, WILLIAM
STREET ADDRESS	1004 PINE DR. APT 103
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	KELLY, RICHARD
STREET ADDRESS	1004 PINE DRIVE, #101
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/08-80022-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard Kelly 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #