

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90550 021 ****61.25

DOCUMENT # 724892

1. Entity Name
1004 PINE DRIVE ASSOCIATION, INC.



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

Mailing Address
**1004 PINE DRIVE
POMPANO BEACH FL 33060**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1578985**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LOKENRUTH, FABIAN	
STREET ADDRESS	1004 PINE DRIVE APT 202	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, RICHARD	
STREET ADDRESS	1004 PINE DRIVE APT 101	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUFFY, PAUL	
STREET ADDRESS	1004 PINE DRIVE APT 102	
CITY-ST-ZIP	POMPANO BEACH FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	CACCAVIELLO, GARY	
STREET ADDRESS	1004 PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILMER, CINDY	
STREET ADDRESS	1004 PINE DRIVE APT 203	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM SHARKEY	
STREET ADDRESS	1004 PINE DRIVE APT 103	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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* (DIRECTOR)

1/23/03 98-943-3444

CR2E037 (10/02)