

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725881** (7)
1. Corporation Name
PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

Principal Place of Business Mailing Address
9420 LIVE OAK PLACE FT LAUDERDALE FL 33324-4711 **9420 LIVE OAK PLACE FT LAUDERDALE FL 33324-4711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1973** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1594729** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARDER, TERI
9470 LIVE OAK PLACE
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of current or former officer or director of registered agent and board of directors (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEYER, BIALER
STREET ADDRESS	9410 LIVE OAK PLACE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	V. PRES.
NAME	HIRSCHFELD, DANIEL
STREET ADDRESS	9430 LIVE OAKE PLACE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	T
NAME	MARDER, TERI
STREET ADDRESS	1520 WHITEHALL DRIVE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	D
NAME	BRIGGS, CHARLES
STREET ADDRESS	9441 LIVE OAK PLACE
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	D
NAME	MICHAELS, RHONDA
STREET ADDRESS	9470 LIVE OAK PL
CITY, ST, ZIP	FT LAUDERDALE FL
TITLE	S
NAME	TANNER, MORRIS
STREET ADDRESS	9430 LIVE OAK PL
CITY, ST, ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WILLIAM SEAY
13 STREET ADDRESS	9460 LIVE OAK PLACE
14 CITY, ST, ZIP	FT. LAUDERDALE, FL
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ALLAN SILVERMAN
23 STREET ADDRESS	9460 LIVE OAK PLACE
24 CITY, ST, ZIP	FT LAUDERDALE FL.
31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SEZYMA, MICHAEL
33 STREET ADDRESS	9460 LIVE OAK PLACE
34 CITY, ST, ZIP	FT. LAUDERDALE, FL.
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I do hereby 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR