

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **03/22/1973**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business 21 9420 Live Oak Pl. Suite, Apt. #, etc.	2a. Mailing Address 26	4. FEI Number 59-1594729 Applied For Not Applicable
22 City & State Ft. Lauderdale, Fla.	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip 33324	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

MARDER, TERI
1520 WHITEHALL DR. # 400
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Teri Marder* (NOTE: Registered Agent signature required when registering) DATE: **5-8-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres Meyer Bialer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAY, WILLIAM	1.2 NAME	
STREET ADDRESS	9460 LIVE OAK PLACE	1.3 STREET ADDRESS	9410 Live Oak Pl. #306
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. Dan Hirschfeld <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERMAN, ALLAN	2.2 NAME	
STREET ADDRESS	9460 LIVE OAK PLACE	2.3 STREET ADDRESS	9430 Live Oak Pl. #304
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treas Teri Marder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEZIMA, MICHAEL	3.2 NAME	
STREET ADDRESS	9460 LIVE OAK PLACE	3.3 STREET ADDRESS	1520 Whitehall Dr. # 400
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D Charles Briggs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAGHESTANI, EDDIE	4.2 NAME	
STREET ADDRESS	9411 LIVE OAK PLACE	4.3 STREET ADDRESS	9441 Live Oak Pl. #101
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MICHAELS, RHONDA	5.2 NAME	
STREET ADDRESS	9470 LIVE OAK PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	TANNER, MORRIS	6.2 NAME	
STREET ADDRESS	9430 LIVE OAK PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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: *Meyer Bialer, Pres.* **MEYER BIALER** 5/8/96 472-5939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)