

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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**
 4. FEI Number: **59-1594729** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEAY, WILLIAM	
STREET ADDRESS	9480 LIVE OAK PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SILVERMAN, ALLAN	
STREET ADDRESS	9480 LIVE OAK PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZEZIMA, MICHAEL	
STREET ADDRESS	9480 LIVE OAK PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAGHESTANI, EDDIE	
STREET ADDRESS	9411 LIVE OAK PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAELS, RHONDA	
STREET ADDRESS	9470 LIVE OAK PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TANNER, MORRIS	
STREET ADDRESS	9430 LIVE OAK PL	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Meyer Bialer	
1.3 STREET ADDRESS	9410 Live Oak Pl. #306	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33324	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dan Hirschfeld	
2.3 STREET ADDRESS	9430 Live Oak Pl.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Teri Marder	
3.3 STREET ADDRESS	1520 Whitehall Dr. #406	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
4.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles Briggs	
4.3 STREET ADDRESS	9441 Live Oak Pl. #101	
4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: _____ **SIGNATURE REQUIRED** *Teri Marder* **Date** *8/10/96* **Daytime Phone #** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)