

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725881 (7)
1. Corporation Name
PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC



Principal Place of Business 9420 LIVE OAK PL. FT LAUDERDALE FL 33324 US	Mailing Address 9420 LIVE OAK PLACE FT LAUDERDALE FL 33324-4711
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 03/22/1973	4. FEI Number 59-1594729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MARDER, TERI 1520 WHITEHALL DR. #406 FT. LAUDERDALE FL 33324
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	P	<input checked="" type="checkbox"/> DELETE
NAME	BIALER, MEYER	
STREET ADDRESS	9410 LIVE OAK PL #306	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HIRSCHFELD, DAN	
STREET ADDRESS	9430 LIVE OAK PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARDER, TERI	
STREET ADDRESS	1520 WHITEHALL DR #406	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, CHARLES	
STREET ADDRESS	9441 LIVE OAK PL #101	
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 checked="" 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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARDER, TERI	
1.3 STREET ADDRESS	1520 Whitehall Dr. #406	
1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BANDALENE, KALMAN	
2.3 STREET ADDRESS	9431 Live Oak Pl. #101	
2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	McROBERTS, JOHN	
3.3 STREET ADDRESS	9441 Live Oak Pl. #303	
3.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TANNER, MORRIS	
4.3 STREET ADDRESS	9430 Live Oak Pl. #303	
4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REILLY, MARJORIE	
5.3 STREET ADDRESS	9430 Live Oak Pl. #108	
5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAY, TODD	
6.3 STREET ADDRESS	9430 Live Oak Pl. #402	
6.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33324	

14. 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; 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 _____

CR2E037 (10/97)