

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90789 026 ****61.25

DOCUMENT # 725881

1. Entity 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 33324-4771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1594729

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARDER, TERI
 1520 WHITEHALL DR. #406
 FT. LAUDERDALE FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	MARDER, TERI	
STREET ADDRESS	1520 WHITEHALL DR, SUITE 405	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BANDALENE KALMAN	
STREET ADDRESS	9431 LIVE OAK PL, SUITE 101	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	MROBERTS, JOHN	
STREET ADDRESS	9441 LIVE OAK PL, #303	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	TANNER, MORRIS	
STREET ADDRESS	9430 LIVE OAK PL, #303	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAELS, RHODA	
STREET ADDRESS	9470 LIVE OAK PL #306	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGGS, CHARLES	
STREET ADDRESS	9441 LIVE OAK PL #101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P. DUMM, JOSEPH	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	9421 LIVE OAK PL 102	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>same</i>	
STREET ADDRESS		
CITY-ST-ZIP		

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: *TERI MARDER* (P) **TERI MARDER** 4/26/00 984-4205939
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)