

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-23-2001 91180 033 ****61.25

DOCUMENT #
 1. Entity Name *PINE ISLAND RIDGE CONDOMINIUM PHASE F ANN*
725881

Principal Place of Business
9420 LIVE OAK PLACE

2. Principal Place of Business
 3. Mailing Address
9420 LIVE OAK PLACE

Suite, Apt. #, etc.
 City & State
 Zip
FT LAUDERDALE
FLORIDA
33324
BRINAX

DO NOT WRITE IN THIS SPACE
8137
59-1594729
 4. FEI Number
 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TERI MARDER

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State
 Zip Code
TERI MARDER
1520 WHITEHALL DRIVE
FT LAUDERDALE FLORIDA
FL
33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW
FEES \$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	
TITLE NAME	President <input type="checkbox"/> Delete
STREET ADDRESS	Teri Marder 1520 Whitehall Dr
CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE NAME	Kal Bandalene V.P. <input type="checkbox"/> Delete
STREET ADDRESS	9431 Live Oak Pl. #101
CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE NAME	Secretary <input type="checkbox"/> Delete
STREET ADDRESS	Charles Briggs
CITY-ST-ZIP	9441 Live Oak Pl. Ft. Laud. Fla.
TITLE NAME	Treasurer <input type="checkbox"/> Delete
STREET ADDRESS	John McRoberts 9441 Live Oak Pl.
CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE NAME	Board Member <input type="checkbox"/> Delete
STREET ADDRESS	Rhoda Michaels 9470 Live Oak
CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE NAME	Board Member <input type="checkbox"/> Delete
STREET ADDRESS	Michael Zezima
CITY-ST-ZIP	9460 Live Oak Pl.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	Board Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Leo Finkelstein
CITY-ST-ZIP	9450 Live Oak Pl. Ft. Laud. FL 33324
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **TERI MARDER** *5-15-01* *954 422 0539*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)