

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90321 040 \*\*\*\*61.25

**DOCUMENT # 725881**

1. Entity Name  
**PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC**

Principal Place of Business <b>9420 LIVE OAK PL.          FT LAUDERDALE FL 33324          US</b>	Mailing Address <b>9420 LIVE OAK PLACE          FT LAUDERDALE FL 33324-4711</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1594729</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	Not Applicable
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARDER, TERI 1520 WHITEHALL DR. #406 FT. LAUDERDALE FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<b>MARDER, TERI 1520 WHITEHALL DR, SUITE 405 FT LAUDERDALE FL 33324</b>	TITLE D	<b>GIBB, VIVIANNE 9450 LIVE OAK PL - 204 FL LAUD, FL 33324</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VP	<b>ELKIND, RUTH 9450 LIVE OAK PLACE 102 FT LAUDERDALE FL 33324</b>	TITLE D	<b>GURKIN, DEBRA 9450 LIVE OAK PL - 103 FL LAUD, FL 33324</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE T	<b>MROBERTS, JOHN 9441 LIVE OAK PL, #303 FT LAUDERDALE FL 33324</b>	TITLE D	<b>MCCLOSKEY, SEAN 9441 LIVE OAK PL - 305 FL LAUD, FL 33324</b>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<b>VOSS, RENDY 9430 LIVE OAK PL, 201 FT LAUDERDALE FL 33324</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	<b>DANDAUENE, KAL 9431 LIVE OAK PL 101 FT LAUDERDALE FL 33324</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	<b>BRIGGS, CHARLES 9441 LIVE OAK PL #101 FT. LAUDERDALE FL 33324</b>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/9/02** DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR