

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90126 041 \*\*\*\*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 33324-4711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1594729**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO REGISTERED AGENTS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARDER, TERI  
1520 WHITEHALL DR, SUITE 405  
FT LAUDERDALE FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D KAL BANDALONE  
9431 LIVE OAK 101  
FL LAUD, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DANNY HIRSCHFELD V.PRES  
9430 LIVE OAK #304  
FL LAUD, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VIVIANNE GIBB  
9450 LIVE OAK-204  
FL LAUD, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEBORAH GURKIN Secy  
9460 LIVE OAK 103  
FL LAUD, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CLIFTON COLE  
9460 LIVE OAK 303  
FL LAUD FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREVOR MARKLEY. ASST TREAS  
9400 LIVE OAK-404  
FL LAUD, FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ELKIND, RUTH  
9460 LIVE OAK PL #102  
FT LAUDERDALE FL 33324**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RHODA MICHAELS  
9470 LIVE OAK-306  
FL LAUD, FL 33324**

TITLE  
NAME  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #