

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
2006 OCT 27 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725881

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



Principal Place of Business
9420 LIVE OAK PL.
FORT LAUDERDALE, FL 33324 US

Mailing Address
9420 LIVE OAK PLACE
FT LAUDERDALE, FL 33324-4711



2. Principal Place of Business

3. Mailing Address

07182006 Chg-NP CR2E037 (4/06)

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

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 **CLIFTON COLE**
Street Address (P.O. Box Number is Not Acceptable)
9460 LIVE OAK PLACE #303
City **DAVIE** FL Zip Code **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. 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 relistening)

DATE

200030889142
10/17/06--01010--011 **70.00

Amended AR is \$61.25

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **P**
CONE, CLIFTON
STREET ADDRESS **9460 LIVE OAK PL STE 303**
CITY-ST-ZIP **FT LAUDERDALE, FL 33324**

TITLE Change Addition
NAME **P**
COLE, CLIFTON
STREET ADDRESS **9460 LIVE OAK PLACE #303**
CITY-ST-ZIP **DAVIE, FL 33324**

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

TITLE Change Addition
NAME **T**
QUAKIN, DEBRA
STREET ADDRESS **9460 LIVE OAK PLACE #103**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE Delete
NAME **S**
HENDERSON, DANNI
STREET ADDRESS **9470 LIVE OAK PLACE #110**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE Change Addition
NAME **D**
STANKO, MARSHA
STREET ADDRESS **9440 LIVE OAK PLACE #203**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE Delete
NAME **AT**
GIBB, VIVVIAN
STREET ADDRESS **9450 LIVE OAK PLACE #204**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33324**

TITLE Change Addition
NAME **D**
SILVERMAN, ALLAN
STREET ADDRESS **9460 LIVE OAK PLACE #403**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE Delete
NAME **D**
MICHAELS, RHODA
STREET ADDRESS **9470 LIVE OAK-306**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33324**

TITLE Change Addition
NAME **B**
STREET ADDRESS **10/30/06**
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-06

954-472-5939

Date

Daytime Phone #