
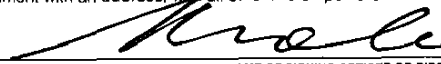


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90410 036 \*\*\*\*61.25

<b>DOCUMENT # 725881</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
03142008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1594729		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLE, CLIFTON 9420 LIVE OAK PLACE DAVIE, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	Remove <input type="checkbox"/> Delete	TITLE	STRONKO, MARSHA T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, CLIFTON	NAME	
STREET ADDRESS	9460 LIVE OAK PL STE 303	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	ELKIND, RUTH D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKIND, RUTH	NAME	
STREET ADDRESS	9460 LIVE OAK PL #102	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	FINKELSTEIN, LEO V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKELSTEIN, LEO	NAME	
STREET ADDRESS	9450 LIVE OAK PL	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> Delete	TITLE	GIBB, VIVIANNE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBB, VIVVIAN	NAME	
STREET ADDRESS	9450 LIVE OAK PLACE #204	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	FOGARTY, JOANN <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b>
NAME	MICHAELS, RHODA	NAME	
STREET ADDRESS	9470 LIVE OAK-306	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	KAVINDO, STEVE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRONKO, MARSHA	NAME	
STREET ADDRESS	9470 LIVE OAK PLACE #203	STREET ADDRESS	9450 LIVE OAK PLACE #302
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	CITY-ST-ZIP	DAVIE, FL 33324
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: 		Date: 4/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	