


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91006 037 \*\*\*\*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: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



CHECK HERE IF MAKING CHANGES

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  
**MARDER, TERI  
1520 WHITEHALL DR. #406  
FT. LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE 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: <b>P</b> NAME: <b>MARDER, TERI</b> STREET ADDRESS: <b>1520 WHITEHALL DR, SUITE 405</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>BARRON, GROVER</b> STREET ADDRESS: <b>9441 Live Oak Pl-#307 Ft/Laud</b> CITY-ST-ZIP: <b>33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>D</b> NAME: <b>DUMM, JOSEPH</b> STREET ADDRESS: <b>9421 LIVE OAK PLACE, #102</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>GIBB, VIVIANNE</b> STREET ADDRESS: <b>9450 Live Oak #204</b> CITY-ST-ZIP: <b>Ft. Laud, FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>SEAN McClosky</b> STREET ADDRESS: <b>9441 LIVE OAK PL, #305</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: <b>D</b> NAME: <b>GURKIN, DEBRA</b> STREET ADDRESS: <b>9460 Live Oak Pl #103</b> CITY-ST-ZIP: <b>Ft. Laud, FL 33324</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>W</b> NAME: <b>WENDY VOSS</b> STREET ADDRESS: <b>9430 LIVE OAK PL, #201</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b> NAME: <b>RUTH ELKIND</b> STREET ADDRESS: <b>9460 LIVE OAK PL #102</b> CITY-ST-ZIP: <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>S</b> NAME: <b>BRIGGS, CHARLES</b> STREET ADDRESS: <b>9441 LIVE OAK PL #101</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED \_\_\_\_\_ (PRES) 4/7/03 954 122 5329

CR2E037 (10/02)