

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # 725882 (5)**  
1. Corporation Name  
**PINE ISLAND RIDGE COUNTRY CLUB, INC.**



|                                                                                         |                                                                                  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>9400 PINE RIDGE DRIVE<br/>FT. LAUDERDALE FL 33324</b> | Mailing Address<br><b>9400 PINE RIDGE DRIVE<br/>FT. LAUDERDALE FL 33324-4425</b> |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>03/22/1973</b> | 3a. Date of Last Report<br><b>04/23/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                                                                                      |                                                                                           |               |               |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------|---------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | Country<br>25 | Country<br>30 |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------|---------------|

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1798589</b>                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent

**JOHN W. MANGION  
9400 PINE RIDGE DR  
FT. LAUDERDALE FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                                                                                                      |
|----------------------------|------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE                      | PD<br>MANGION, JOHN W<br>1520 WHITEHALL DR #402<br>FT. LAUDERDALE FL   | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| NAME                       | VD<br>MORGAN, ANNETTE<br>9821 N OAK KNOLL DR<br>FT LAUDERDALE FL       | <input checked="" type="checkbox"/> DELETE            | 1.2 NAME<br>2.1 TITLE<br>Emanuel Greenspan<br>1931 Sable Palm Drive #106<br>Ft. Lauderdale, FL 33324<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | SD<br>EMANUEL GREENSPAN<br>1931 SABAL PALM DR #106<br>FT LAUDERDALE FL | <input type="checkbox"/> DELETE                       | 2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                                    |
| CITY-ST-ZIP                | TD<br>MARDER, TERI<br>1520 WHITEHALL DR #406<br>FT. LAUDERDALE FL      | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>Ft. Lauderdale, FL 33324<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE                      |                                                                        | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                       |
| NAME                       |                                                                        | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                       |
| STREET ADDRESS             |                                                                        | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                       |
| CITY-ST-ZIP                |                                                                        | <input type="checkbox"/> DELETE                       |                                                                                                                                                                                      |

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 or changed on an attachment with an address.

SIGNATURE: *John W. Mangion* **John Mangion** 3/26/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037136

CR2E037 (9/96)