


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90095 001 \*\*\*\*61.25

<b>DOCUMENT # 725958</b>					
1. Entity Name PINE ISLAND RIDGE CONDOMINIUM A ASSOCIATION, INC.					
Principal Place of Business 9435 EVERGREEN PLACE FORT LAUDERDALE, FL 33324			Mailing Address 9435 EVERGREEN PLACE FORT LAUDERDALE, FL 33324		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1641602	
Zip		Country		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		
SCHECHTER, JEROME R 1995 E. OAKLAND PARK BLVD. SUITE 210 FORT LAUDERDALE, FL 33306			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 reconstituting)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEPP, CATHY		NAME		
STREET ADDRESS	9441 EVERGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PUGLIESE, FRANK		NAME		
STREET ADDRESS	9435 EVERGREEN PL.		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GUILDAY, MAUREEN		NAME	Debbie Reale	
STREET ADDRESS	9451 EVERGREEN PLACE		STREET ADDRESS	9421 EVERGREEN A 401	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	DAVIE FL. 33324	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELANEY, EILEEN		NAME		
STREET ADDRESS	9441 EVERGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATTS, ED		NAME		
STREET ADDRESS	9451 EVERGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMER, GAIL		NAME		
STREET ADDRESS	3152 PEACHTREE CIR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33328		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: <i>Frank Pugliese Pres. PFCRA</i>			Date: <i>JAN 23, 2007</i> Daytime Phone #: <i>9544722170</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		