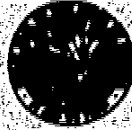


FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752837 (5)
1. Corporation Name
PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**300 PINE HOV CIRCLE
LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1980** 3a. Date of Last Report **04/06/1994**
4. FEI Number **58-2083889** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 26 City & State
23 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**LEVINE, JAY STEVEN, ESQ.
3300 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410**

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 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'CONNOR, JACK
STREET ADDRESS	227 A2 PINE HOV CIR.
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	V
NAME	MERVIS, NATE
STREET ADDRESS	208 C1 PINE HOV CIRCLE
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	D
NAME	ANDERSEN, MARYANN
STREET ADDRESS	228 D1 PINE HOV CIRCLE
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	TD
NAME	DANISI, ANGELA
STREET ADDRESS	235 B2 PINE HOV CIRCLE
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	D
NAME	LORENZO, FRANK
STREET ADDRESS	227 C1 PINE HOV CIRCLE
CITY-ST-ZIP	GREENACRES FL 33463
TITLE	SD
NAME	SCOZZARI, JOSEPHINE
STREET ADDRESS	240 C1 PINE HOV CIRCLE
CITY-ST-ZIP	GREENACRES FL 33463

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KALENSON, NORMAN
1.3 STREET ADDRESS	231 A2 PINE HOV CIRCLE
1.4 CITY-ST-ZIP	GREENACRES, FL 33463
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'CONNOR, JACK
2.3 STREET ADDRESS	227 A2 PINE HOV CIRCLE
2.4 CITY-ST-ZIP	GREENACRES FL 33463
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANDERSEN, MARYANN
3.3 STREET ADDRESS	233 D2 PINE HOV CIRCLE
3.4 CITY-ST-ZIP	GREENACRES, FL 33463
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSHWORTH, BARBARA
6.3 STREET ADDRESS	222 D1 PINE HOV CIRCLE
6.4 CITY-ST-ZIP	GREENACRES, FL 33463

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Lorenzo* 4/11/95 (407) 439-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #