[redacted]ILE NOW: FILING FEE IS $61.25

[redacted]ROFIT
[redacted]PORATION
[redacted]NNUAL REPORT
1996

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

DOCUMENT # 752837 (5)

1. Corporation Name
PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
200 PINE HOV CIRCLE LAKE WORTH FL 33463	200 PINE HOV CIRCLE LAKE WORTH FL 33463

3. Date Incorporated or Qualified: 06/09/1980
3a. Date of Last Report: 04/19/1995

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

4. FEI Number: 59-2083889 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: Norman Kalenson
82 Street Address (P.O. Box Number is Not Acceptable): 231 A-2 Pine Hov Circle
83
84 City: Greenacres FL 85 Zip Code: 33463

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: Norman Kalenson 4/25/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KALENSON, NORMAN 231 A2 PINE HOV CIRCLE GREENACRES FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V KALENSON, NORMAN 231 A2 PINE HOV CIRCLE GREENACRES, FL.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'CONNOR, JACK 227 A2 PINE HOV CIRCLE GREENACRES FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D JOSIE SCOZZARI 240 C-1 PINE HOV CIRCLE GREENACRES, FL. 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSEN, MARYANN 233 D2 PINE HOV CIRCLE GREENACRES FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P Ralph Mercurio 219 D-2 Pine Hov Circle Greenacres, Fl 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANISI, ANGELA 235 B2 PINE HOV CIRCLE GREENACRES FL 33463	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TD Edmund S. Pereira 233 B-2 Pine Hov Circle Greenacres, Fl 33463	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LORENZO, FRANK 227 C1 PINE HOV CIRCLE GREENACRES FL 33463	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	D JOE STERN 224 B-2 PINE HOV CIRCLE GREENACRES, FL, 33463	☐ Change ☑ Addition 5/1/2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUSHWORTH, BARBARA 222 D1 PINE HOV CIRCLE GREENACRES FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D HARRY MARINO 207 C-2 PINE HOV CIRCLE GREENACRES, FL 33463 Bank deposit #61.25	☐ Change ☑ Addition

CR2E037 (12/95)

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: Ralph Mercurio 4/25/96 407-439-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #