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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33463-9081

3. Date Incorporated or Qualified 06/09/1980  
3a. Date of Last Report 05/01/1996  
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

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

9. Name and Address of Current Registered Agent  
KALENSON, NORMAN  
231 A-2 PINE HOV CIR  
GREENACRES FL 33463

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 NORMAN KALENSON / VICE PRES. Norman Kalenson  
(NOTE: Registered Agent signature required when reinstating)  
DATE 03/12/97

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	KALENSON, NORMAN	
STREET ADDRESS	231 A2 PINE HOV CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JACK	
STREET ADDRESS	227 A2 PINE HOV CIRCLE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PEREIRA, EDMUND S.	
STREET ADDRESS	233 B-2 PINE HOV CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERN, JOE	
STREET ADDRESS	224 B-2 PINE HOV CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LORENZO, FRANK	
STREET ADDRESS	227 C1 PINE HOV CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSHWORTH, BARBARA	
STREET ADDRESS	222 D1 PINE HOV CIRCLE	
CITY-ST-ZIP	GREENACRES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RALPH MIRCURIO	
1.3 STREET ADDRESS	219 D2 PINE HOV CIRCLE	
1.4 CITY-ST-ZIP	GREENACRES, FL 33463	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORMAN TURSKY	
2.3 STREET ADDRESS	230 B2 PINE HOV CIRCLE	
2.4 CITY-ST-ZIP	GREENACRES, FL 33463	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOMINIC VILLANI	
3.3 STREET ADDRESS	225 B1 PINE HOV CIRCLE	
3.4 CITY-ST-ZIP	GREENACRES, FL 33463	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOSEPHINE SCOZZARI	
4.3 STREET ADDRESS	240 C1 PINE HOV CIRCLE	
4.4 CITY-ST-ZIP	GREENACRES, FL 33463	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.  
EDMUND S. PEREIRA  
Edmund S. Pereira, TREASURER

CR2E037 (9/96)