

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752837 (5)**  
1. Corporation Name  
**PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>200 PINE HOV CIRCLE LAKE WORTH FL 33463</b>	Mailing Address <b>200 PINE HOV CIRCLE LAKE WORTH FL 33463</b>
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3. Date Incorporated or Qualified <b>06/09/1980</b>	
4. FEI Number <b>59-2083889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 **BARBARA RUSHWORTH**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**222 PINE HOVCIRCLE D1**  
**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 **BARBARA RUSHWORTH SECRETARY** *Barbara Rushworth* **3/20/98**  
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 <b>V/D</b>	NAME <b>KALENSON, NORMAN</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>SECRETARY, JOSEPHINE</b>
STREET ADDRESS <b>231 A2 PINE HOV CIRCLE</b>	CITY-ST-ZIP <b>GREENACRES FL</b>		1.2 NAME
TITLE <b>V/D</b>	NAME <b>O'CONNOR, JACK</b>	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
STREET ADDRESS <b>227 A2 PINE HOV CIRCLE</b>	CITY-ST-ZIP <b>GREENACRES FL 33463</b>		1.4 CITY-ST-ZIP
TITLE <b>TD</b>	NAME <b>PEREIRA, EDMUND S.</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>
STREET ADDRESS <b>233 B-2 PINE HOV CIR.</b>	CITY-ST-ZIP <b>GREENACRES FL 33463</b>		2.2 NAME <b>SCOZZARI, JOSEPHINE</b>
TITLE <b>D</b>	NAME <b>STERN, JOE</b>	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <b>240 C1 PINE HOV CIRCLE</b>
STREET ADDRESS <b>224 B-2 PINE HOV CIR.</b>	CITY-ST-ZIP <b>GREENACRES FL 33463</b>		2.4 CITY-ST-ZIP <b>GREENACRES, FL 33463</b>
TITLE <b>P/D</b>	NAME <b>MERCURIO, RALPH</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>
STREET ADDRESS <b>219 D2 PINE HOV CIRCLE</b>	CITY-ST-ZIP <b>GREENACRES FL 33463</b>		3.2 NAME <b>TURSKY, NORMAN</b>
TITLE <b>S/D</b>	NAME <b>RUSHWORTH, BARBARA</b>	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>230 B1 PINE HOV CIRCLE</b>
STREET ADDRESS <b>222 D1 PINE HOV CIRCLE</b>	CITY-ST-ZIP <b>GREENACRES FL 33463</b>		3.4 CITY-ST-ZIP <b>GREENACRES, FL 33463</b>
			4.1 TITLE <b>D</b>
			4.2 NAME <b>VILLANI, DOMINIC</b>
			4.3 STREET ADDRESS <b>225 B1 PINE HOV CIRCLE</b>
			4.4 CITY-ST-ZIP <b>GREENACRES, FL 33463</b>
			5.1 TITLE <b>D</b>
			5.2 NAME <b>SAWDY, DUANE</b>
			5.3 STREET ADDRESS <b>226 C2 PINE HOV CIRCLE</b>
			5.4 CITY-ST-ZIP <b>GREENACRES, FL 33463</b>
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *Norman Turisky* **NORMAN TURSKY** **3/23/95** **561-439-6949**

CR2E037 (10/97)