

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 758931 (0)  
1. Corporation Name  
PINE RIDGE NORTH I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 500 SHADY PINE WAY WEST PALM BEACH FL 33415  
Mailing Address: 500 SHADY PINE WAY WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified: 06/26/1981  
3a. Date of Last Report: 06/19/1995

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

4. FEI Number: 59-2153460  
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  
SICK, RUTH  
526 A2 SHADY PINES WAY  
WEST PALM BEACH FL 33415

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	VD - 1st <input type="checkbox"/> DELETE
NAME	GUASTELLA, JOSEPH
STREET ADDRESS	220 B2 SHADY PINE WAY
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PIESCO, JOSEPH
STREET ADDRESS	511 D2 SHADY PINE WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	POLLITZER, ERIC
STREET ADDRESS	536 B1 SHADY PINE WAY
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SICK, RUTH
STREET ADDRESS	526-A2 SHADY PINE WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GANGE, JACK
STREET ADDRESS	503-B2 SHADY PINE WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Resigned</i>
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	JERRY SCHROEDER
53 STREET ADDRESS	508 B2 SHADY PINE WAY
54 CITY - ST - ZIP	W. P. B. FL
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MARY JANE KLINE
63 STREET ADDRESS	535 SHADY PINE WAY B1
64 CITY - ST - ZIP	W. P. B. FL

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: Ruth Sick 2-20-96 966-7832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E037 (12/95)