

FILE NOW: FILING FEE IS \$61.25

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Feb 10 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 # 758931 (0)
1. Corporation Name
PINE RIDGE NORTH I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
500 SHADY PINE WAY WEST PALM BEACH FL 33415
500 SHADY PINE WAY WEST PALM BEACH FL 33415-8999

3. Date Incorporated or Qualified 06/26/1981
3a. Date of Last Report 03/11/1996

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
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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTELLA, JOSEPH	1.2 NAME	
STREET ADDRESS	220 B2 SHADY PINE WAY	1.3 STREET ADDRESS	520 B2 Shady Pine Way
CITY-ST-ZIP	W.PALM BEACH FL 33415	1.4 CITY-ST-ZIP	West Palm Beach 33415
TITLE	M <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, MARY JANE	2.2 NAME	Klein, Mary Jane
STREET ADDRESS	535 SHADY PINE WAY, B1 D-1	2.3 STREET ADDRESS	535 D-1 Shady Pine Way
CITY-ST-ZIP	W PALM BCH FL 33415	2.4 CITY-ST-ZIP	West Palm Bch, Fl. 33415
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLITZER, ERIC	3.2 NAME	536 B1 Shady Pine Way
STREET ADDRESS	536 B1 SHADY PINE WAY	3.3 STREET ADDRESS	West Palm Bch, Fl. 33415
CITY-ST-ZIP	W.PALM BEACH FL 33415	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICK, RUTH	4.2 NAME	526 A-2 Shady Pine Way
STREET ADDRESS	526-A2 SHADY PINE WAY	4.3 STREET ADDRESS	West Palm Bch, Fl. 33415
CITY-ST-ZIP	WEST PALM BEACH FL 33415	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROADER, JERRY	5.2 NAME	508 D-2 Shady Pine Way
STREET ADDRESS	508, B-2 SHADY PINE WAY	5.3 STREET ADDRESS	West Palm Bch, Fl. 33415
CITY-ST-ZIP	WEST PALM BEACH FL 33415	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Ruth SICK 2-2-97 (561) 964-9184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041348

CR2E037 (9/96)