

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/26/1981		
4. FEI Number 59-2153460	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**SICK, RUTH
526 A2 SHADY PINE 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUASTELLA, JOSEPH	
STREET ADDRESS	520 B2 SHADY PINE WAY	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	M	<input type="checkbox"/> DELETE
NAME	KLEIN, MARY JANE	
STREET ADDRESS	535 D-1 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POLLITZER, ERIC	
STREET ADDRESS	536 B1 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SICK, RUTH	
STREET ADDRESS	526 A2 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, JERRY	
STREET ADDRESS	508 D2 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALBERT ROTOND
5.3 STREET ADDRESS	510 A-2 SHADY PINE WAY
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL D. Schrey 33415
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 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 - Ruth Sick* 1-26-98 266-2832

CRE037 (10/97)