

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90317 041 ****61.25

0050861

DOCUMENT # 758931

1. Entity Name
PINE RIDGE NORTH I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

500 SHADY PINE WAY **500 SHADY PINE WAY**
WEST PALM BEACH FL 33415 **WEST PALM BEACH FL 33415**

923508



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2153460 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DIREKTON, KEN
BECKER & POLJAKOFF
500 AUSTRALIAN AVE S. 9TH FL.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GUASTELLA, JOSEPH	
STREET ADDRESS	520 B2 SHADY PINE WAY	
CITY-ST-ZIP	W PALM BEACH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTELLA, ANTHONY J	
STREET ADDRESS	50301 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33-4152	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLITZER, ERIC	
STREET ADDRESS	536 B1 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<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 type="checkbox"/> Delete
NAME	ROTONDO, ALFRED	
STREET ADDRESS	510 A 2 SHADY PINE WY	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis Antonelli	
STREET ADDRESS	510 B2 SHADY PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **President Officer** **2/21/01** **(561) 964-9184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR12E037 (10/00)