

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90055 017 \*\*\*\*61.25

**DOCUMENT # 758931**

1. Entity 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

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

**59-2153460**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**REKTON, KEN  
 BECKER & POLIAKOFF  
 20 AUSTRALIAN AVE S. 9TH FL.  
 WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **GUASTELLA, JOSEPH**  
 STREET ADDRESS **520 B2 SHADY PINE WAY**  
 CITY-ST-ZIP **W PALM BEACH FL 33415** **D**

TITLE **D**  Delete  
 NAME **MONTELLA, ANTHONY J**  
 STREET ADDRESS **50301 SHADY PINE WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D**  Delete  
 NAME **POLLITZER, ERIC**  
 STREET ADDRESS **536 B1 SHADY PINE WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415** **D**

TITLE **D**  Delete  
 NAME **SICK, RUTH**  
 STREET ADDRESS **526 A2 SHADY PINE WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VP**  Delete  
 NAME **ROTONDO, ALFRED**  
 STREET ADDRESS **510 A 2 SHADY PINE WY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **S**  Delete  
 NAME **ANTONELLI, LOUIS**  
 STREET ADDRESS **510 82 SHADY PINE WAY**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **member AT LARGE**  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **JACK GANGE - 1st VICE PRES.**  Change  Addition  
 NAME **5796 ROYAL CLUB DRIVE**  
 STREET ADDRESS **BOYNTON BEACH, FL 33437** **D**  
 CITY-ST-ZIP

TITLE **member AT LARGE**  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **President**  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Rhoda Finkelstein Treasurer**  Change  Addition  
 NAME **535 DI SHADY PINE WAY**  
 STREET ADDRESS **WEST PALM BEACH, FL 33415** **D**  
 CITY-ST-ZIP

TITLE **Kimberly Vogel Smith**  Change  Addition  
 NAME **541 C Shady Pine Way**  
 STREET ADDRESS **West Palm Beach, FL 33415** **D**  
 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 empowers.

SIGNATURE: SIGNATURE REKTON - President 2/5/2002 319649184  
 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #  
Ruth Sick - President

CR2E037 (9/01)