

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**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**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc      Suite, Apt #, etc  
 City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

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 & POLIAKOFF**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Delete
PD	GANGE, JACK	5796 ROYAL CLUB DRIVE	BOYNTON BEACH FL 33437	<input type="checkbox"/>
VPD	PAINE, JAY	518 P2 SHADY PINE WAY	WEST PALM BEACH FL 33415	<input type="checkbox"/>
SD	NOTTINGHAM, JEANETTE	527 A1 SHADY PINE WAY	WEST PALM BEACH FL 33415	<input type="checkbox"/>
VPD	SODEN, FLOYD	512 C1 SHADY PINE WAY	WEST PALM BEACH FL 33415	<input type="checkbox"/>
TD	COLON, CARLOS	536 A1 SHADY PINE WAY	WEST PALM BEACH FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X Jack Gange Pres