


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90081 005 ****61.25

DOCUMENT # 758931					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2153460	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					



1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANGE, JACK 5796 ROYAL CLUB DRIVE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD DAVIS, Jennifer 512 A-1 SHADY PINE WAY West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAINE, JAY 518 P2 SHADY PINE WAY WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAINE, JAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOTTINGHAM, JEANETTE 527 A1 SHADY PINE WAY WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RING, Catherine 531 A-1 Shady PINEWAY West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SODEN, FLOYD 512 C1 SHADY PINE WAY WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMONA, Miguel 503 C-2 Shady Pine Way West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, CARLOS 536 A1 SHADY PINE WAY WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY, MARY ELLEN 510 B-2 SHADY PINE WAY West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PIERCO, Joseph 502 C-2 SHADY PINE WAY West Palm Beach FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Catherine Ring* **2-9-06 (56) 964-9184**

ATTACHMENT

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1. Entity Name
PINE RIDGE NORTH 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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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

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 re-registering) DATE _____

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

Make Check Payable to Florida Department of State

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TITLE: PD NAME: GANGE, JACK STREET ADDRESS: 5796 ROYAL CLUB DRIVE CITY-ST-ZIP: BOYNTON BEACH FL 33437	<input type="checkbox"/> Delete	TITLE: D NAME: POLIAK, Dorothy STREET ADDRESS: 543 B Shady Pine Way CITY-ST-ZIP: West Palm Beach FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE: VPB NAME: PAINE, JAY STREET ADDRESS: 518 P2 SHADY PINE WAY CITY-ST-ZIP: WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE: SD NAME: NOTTINGHAM, JEANETTE STREET ADDRESS: 527 A1 SHADY PINE WAY CITY-ST-ZIP: WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE: VPD NAME: SODEN, FLOYD STREET ADDRESS: 512 C1 SHADY PINE WAY CITY-ST-ZIP: WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE: TD NAME: COLON, CARLOS STREET ADDRESS: 536 A1 SHADY PINE WAY CITY-ST-ZIP: WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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SIGNATURE: Catherine Paine 3-5-06 (561) 964-9184