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

Feb 27, 2006 8:00 am Secretary of State DOCUMENT # 758931 1. Entity Name 02-27-2006 90081 005 ****61.25 PINE RIDGE NORTH I CONDOMINIUM ASSOCIATION, 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. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2153460 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIREKTON, KEN Street Address (P.O. Box Number is Not Acceptable) **BECKER & POLIAKOFF** 500 AUSTRALIAN AVE S. 9TH FL. WEST PALM BEACH FL 33401 City 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 (#OTE: Bogisterou Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Addition DAVIS, JEAN) fer GANGE, JACK NAME NAME 5796 ROYAL CLUB DRIVE 512 A-1 ShAdy PIDEWAY STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33437** West Palm Reach FL 33414 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition PAINE, JAY PAINE, JAY NAME NAME 518 P2 SHADY PINE WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Channe RING, CATHERINE NAME NOTTINGHAM, JEANETTE NAME 531 A-1 Shady Piveway Wort PALM BEAU FL33415 STREET ADDRESS 527 A1 SHADY PINE WAY STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-7IP CITY-ST-ZIP VPD TITLE ■ Addition Delete TITLE CHEMONA, MI ONEL 503 C-2 Shady Pino Way SODEN, FLOYD NAME NAME STREET ADDRESS 512 C1 SHADY PINE WAY STREET ADDRESS West Pala Breach Fr CITY - ST - ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 TITLE Delete TITLE ☐ Change Addition Eddy MARY ELLEN 510 Bas SHADY PINEWAY COLON, CARLOS NAME NAME 536 A1 SHADY PINE WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP Now Pala Beach FL 33414 TITLE ☐ Delete V P D Addition TITLE PIESCO, Joseph 502 G-2 Shady Pine WHY NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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:

CITY-ST-ZIP

2-9.06 (561) 944-9154

FILED

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

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1. Entity Nam					page			
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Principal Place of Business M.		Mailing Address	Mailing Address		KNIC	ia O	\mathcal{L}	
500 SHADY PINE WAY		500 SHADY PINE WAY		<i> </i>	400 l	110		
WEST PALM	1 BEACH FL 33415	WEST PALM BEACH FL	33415					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			OORE	CR2E037 (1		
City & State		City & State		4. FEI Number	59-215346		No	plied For Applicabl
Zip Country		Zip Country		<u> </u>	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
DIREKTON, KEN				(0.0.0)	N			
BECKER & POLIAKOFF			Street Address (P.O. Box Number is Not Acceptable)					
	AUSTRALIAN AVE S. 9TH I ST PALM BEACH FL 33401	FL.		•		·•,		
WEST FALM BEACTITE 35401			City			FL	Zip Code	?
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or re	gistered agent, or both, i	n the State of F	lorida. I am fan	niliar with,	and accep
the obligat	ions of registered agent.							
_SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE: F	Rogistered Agent Signature i	ednied wysi i suzzinia)		DATE		
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	Due By May it 2006 OFFICERS AND DI	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANG	Flor GES TO OFFIC	ida Departm ERS AND DIRE	CTORS IN	tate
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SIGNATURE:

otheren Reno

5-5-06 (56) 964-9184