


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90076 008 \*\*\*\*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 - No P.O. Box #		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: SAME Street Address (P.O. Box Number is Not Acceptable): 625 N. FLAGLER DR. 7TH FLOOR City: West Palm Beach FL Zip Code: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	P. GANGE, JACK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JENNIFER		NAME	5796 ROYAL CLUB DRIVE	
STREET ADDRESS	5121 A-1 SHADY PINE WAY		STREET ADDRESS	BOYNTON BEACH FL 33437	
CITY-ST-ZIP	WEST PALM BEACH, FL 33418		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D PAINE JAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINE, JAY		NAME	513 D-2 SHADY PINE WAY	
STREET ADDRESS	518 B-2 SHADY PINE WAY		STREET ADDRESS	WEST PALM BEACH FL 33415	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP Soden Floyd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RING, CATHERINE		NAME	512 C-1 SHADY PINE WAY	
STREET ADDRESS	531 A-1 SHADY PINE WAY		STREET ADDRESS	WEST PALM BEACH FL 33415	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	T GRASSIE, GLORIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMONA, MIGUEL		NAME	531 B-1 SHADY PINE WAY	
STREET ADDRESS	503 C-2 SHADY PINE WAY		STREET ADDRESS	WEST PALM BEACH FL 33415	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D LYSIAK, DOROTHY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDDY, MARY ELLEN		NAME	543 B SHADY PINE WAY	
STREET ADDRESS	510 B-2 SHADY PINE WAY		STREET ADDRESS	WEST PALM BEACH FL 33415	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIESCO, JOSEPH		NAME		
STREET ADDRESS	502 C-2 SHADY PINE WAY		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Floyd Soden</i>		Floyd Soden		3-8-07 (561) 964-9184	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	