


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90843 030 \*\*\*\*61.25

**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

4. FEI Number **59-2153460**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**DIREKTON, KEN**  
**BECKER & POLJAKOFF**  
**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**      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	<b>MD</b> <b>GUASTELLA, JOSEPH</b> <b>520 B2 SHADY PINE WAY</b> <b>W PALM BEACH FL 33415</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MD PRESIDENT</b></del> <b>D</b> <b>GANGE, JACK</b> <b>5798 ROYAL CLUB DRIVE</b> <b>BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MD TREASURER</b></del> <b>POLLITZER, ERIC</b> <b>536 B1 SHADY PINE WAY</b> <b>WEST PALM BEACH FL 33415</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SICK, RUTH</b> <b>526 A2 SHADY PINE WAY</b> <b>WEST PALM BEACH FL 33415</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FIDKELSTEIN, RHODA</b> <b>535 D1 SHADY PINE WAY</b> <b>WEST PALM BEACH FL 33415</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MD DYN</b></del> <b>VOGEL-SMITH, KIMBERLY</b> <b>541 C SHADY PINE WAY</b> <b>WEST PALM BEACH FL 33415</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MD PRESIDENT</b></del> <b>JACK GANGE</b> <del><b>515 D1 SHADY PINE WAY</b></del> <del><b>WEST PALM BEACH FL 33415</b></del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>MD 1ST VICE PRES.</b></del> <b>D</b> <b>Jay Paine</b> <b>518 D2 SHADY PINE WAY</b> <b>West Palm Beach, FL 33415</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Secretary</b> <b>Jeanette Nottingham</b> <b>527 A1 Shady Pine Way</b> <b>West Palm Beach, FL 33415</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowered.  
SIGNATURE: *Eric Gorman*      **Eric Gorman, President**      **(305) 964-9184**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)