

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #  
1. Corporation Name

N 30473

Pine Island Ridge  
Lodge # 2602

Principal Place of Business Mailing Address

9781 N.W. 18th Drive  
Plantation Fl. 33322

3. Date Incorporated or Qualified 1989  
3a. Date of Last Report March 21, 95

2. Principal Place of Business 2a. Mailing Address  
21 Broward County 26 9781 N.W. 18th Drive

4. FEI Number 65-0181786  
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
Plantation, Florida Plantation, Florida

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

24 Zip 25 USA 29 33322 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vito Silecchia  
13101 SW 30th Ct.  
Davie, Florida 33330

81 Name Michael Spadafino  
82 Street Address (P.O. Box Number is Not Acceptable) 9781 N.W. 18th Drive  
83  
84 City Plantation FL 85 Zip Code 33322

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Michael Spadafino* DATE 5-30-96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Président	1.2 NAME	Michael Spadafino
STREET ADDRESS	Vito Silecchia	1.3 STREET ADDRESS	9781 N.W. 18th Dr. Plantation Fl. 33322
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenore Silecchia	2.2 NAME	Financial Sec.
STREET ADDRESS	Financial Secretary	2.3 STREET ADDRESS	Catherine Lupari
CITY-ST-ZIP	13101 S.W. 30th Ct.	2.4 CITY-ST-ZIP	1502 Whitehall Dr. Apt. 301 Ft. Laud. Fl. 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davie, Florida 33330	3.2 NAME	Treasurer
STREET ADDRESS		3.3 STREET ADDRESS	Flino Tizzani
CITY-ST-ZIP		3.4 CITY-ST-ZIP	9741 N.W. 18th Dr. Plantation, Fl. 33322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Trustee
STREET ADDRESS		4.3 STREET ADDRESS	Vincent Lupari
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1502 Whitehall Dr. Apt. 301 Ft. Laud. Fl. 33324
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800001897968
STREET ADDRESS		6.3 STREET ADDRESS	-07/18/96--01047--032
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked. I propose an attachment with an address.

SIGNATURE: *Michael Spadafino* PRESIDENT. DATE: 5-30-96 (954) 424-2710  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)