

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732325** (6)
1. Corporation Name
PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business % CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE RD. SUITE 203-A CORAL SPRINGS FL 33065	Mailing Address % CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE RD. SUITE 203-A CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 04/01/1975	
4. FEI Number 59-1788145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SAATHOFF, NANCY
% CONDO MANAGEMENT ALTERNATIVE, INC.
9365 W. SAMPLE RD, SUITE 203-A
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name ANNE SAATHOFF
82 Street Address (P.O. Box Number is Not Acceptable) C/O CONDO MANAGEMENT ALTERNATIVE
83 City 9365 W. SAMPLE ROAD #203
84 City CORAL SPRINGS
85 Zip Code FL 33065

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME RUSS DESTRO	
STREET ADDRESS 3340 NW 85TH AVE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MADELYN CHIARELLI	
STREET ADDRESS 3350 NW 85TH AVE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME HEAFY, CYNTHIA	
STREET ADDRESS 3344 NW 85TH AVE	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME SILVERSTEIN, AMY	
3.3 STREET ADDRESS 3334 NW 85 AVE	
3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address.

SIGNATURE:  3-29-98 348-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1097)