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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724892

1. Corporation Name

1004 PINE DRIVE ASSOCIATION, INC.

Principal Place of Business

**1004 PINE DRIVE
POMPANO BEACH FL 33060**

Mailing Address

**1004 PINE DRIVE
POMPANO BEACH FL 33060**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/29/1972

4. FEI Number

59-1578985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**DEERY, CELINE L
1004 PINE DR
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name **JOHN SLATTERY**
82 Street Address (P.O. Box Number is Not Acceptable)
1004 PINE DR.
83 Apt 103
84 City **Pompano Beach, FL**
85 Zip Code **33060**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SLATTERY, JOHN	
STREET ADDRESS	1004 PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SALZANO, MICHAEL	
STREET ADDRESS	1004 PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEERY, CELINE L	
STREET ADDRESS	1004 PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLLINS, SHIRLEY W	
STREET ADDRESS	1004 PINE DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL	
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	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D. James. RAIA RBA	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1004 PINE DR.	
2.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TIM GRAVES	
3.3 STREET ADDRESS	1004 PINE DR.	
3.4 CITY-ST-ZIP	Pompano Beach FL	
4.1 TITLE	J.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	James Murphy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Shed Hill Rd.	
5.4 CITY-ST-ZIP	Stoddard N.H.	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Wm. Sharkey	
6.3 STREET ADDRESS	38 Chestnut St.	
6.4 CITY-ST-ZIP	Hicksville, N.Y.	

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 15, 1999

CR2E037 (11/98)