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FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 725959 (1)

1. Corporation Name

PINE ISLAND RIDGE CONDOMINIUM A-1 ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
9485 EVERGREEN PLACE FT LAUDERDALE FL 33324	9485 EVERGREEN PLACE FT LAUDERDALE FL 33324

3. Date Incorporated or Qualified: 03/30/1973

4. FEI Number: 59-1641609 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26

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

City & State 23 | City & State 28

Zip 24 | Country 25 | Zip 29 | Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIN, CHERYL E
10226 NW 47TH ST
3500 N STATE RD 7, #333
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	Secy	☐ Change ☐ Addition
NAME	COHEN, DANIEL		1.2 NAME	CAPO, DORIS	
STREET ADDRESS	9471 EVERGEEN PL #305		1.3 STREET ADDRESS	9491 EVERGREEN PL 104	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	MARVIN, JOS		2.2 NAME	KLEIN, SHIRLEY	
STREET ADDRESS	9495 EVERGREEN PL #103		2.3 STREET ADDRESS	9471 EVERGREEN PL 305	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	D	☐ DELETE	3.1 TITLE	VP	☐ Change ☐ Addition
NAME	SHATZEL, JOS		3.2 NAME	LEVENSON, SIDNEY	
STREET ADDRESS	9495 EVERGREEN PL #303		3.3 STREET ADDRESS	9481 EVERGREEN PL 403	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANDELSTEIN, LILLIAN		4.2 NAME		
STREET ADDRESS	9495 EVERGREEN PL #304		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KANAPLUE, LARRY		5.2 NAME		
STREET ADDRESS	9481 EVERGREEN PL. #107		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DREXLER, ROSLYN		6.2 NAME		
STREET ADDRESS	9481 EVERGREEN PL.,#102		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33324		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: SIGNATURE REQUIRED _____ Pres. 472-5693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #