FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90160 007 ****61.25

DOCUMENT # 725959

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/30/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1641609 ☐ Applied For. ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	V PRES.	☐ Change ☐ Addition
NAME	COHEN, DANIEL		1.2 NAME	LEVENSON, SIDNEY	
STREET ADDRESS	9471 EVERGEEN PL #305		1.3 STREET ADDRESS	9481 EVERGREEN PL #403	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	CAPO, DORIS		2.2 NAME	BARASCH, HOWARD	
STREET ADDRESS	9491 EVERGREEN PL, 104		2.3 STREET ADDRESS	9491 EVERGREEN PL 108 K	
CITY-ST-ZIP	FT LAUDEDALE FL		2.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHATZEL, JOS		3.2 NAME		
STREET ADDRESS	9495 EVERGREEN PL #303		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, SHIRLEY		4. 2 NAME		
STREET ADDRESS	9471 EVERGREEN PL, 305		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		

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: L SIGNATURE REQUIRED LARRY KANAPLUE 1-15-99 472 56 93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)