

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90379 004 ****61.25

DOCUMENT # 725959 1. Entity Name PINE ISLAND RIDGE CONDOMINIUM A-1 ASSOCIATION, INC.					
Principal Place of Business 9485 EVERGREEN PLACE FT LAUDERDALE, FL 33324				Mailing Address 9485 EVERGREEN PLACE FT LAUDERDALE, FL 33324	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1641609	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILBERG, PAUL A 499 NW 70TH AVE STE 108 PLANTATION, FL 33317				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE	STEVE ROSENBAUM ☐ Change ☐ Addition	
NAME	LIEBMAN, JOSEPHINE		NAME	9495 EVERGREEN PL 105	
STREET ADDRESS	9471 EVERGREEN PL		STREET ADDRESS	FT LAUD FL 33324	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BARASCH, HOWARD		NAME		
STREET ADDRESS	9491 EVERGREEN PL 108		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	KANA-PLUE, LARRY		NAME		
STREET ADDRESS	9481 EVERGREEN PL #107		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FISHER, LINDA		NAME		
STREET ADDRESS	9495 EVERGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	RIVERA, ARECELIS		NAME		
STREET ADDRESS	9491 EVERGREEN PL		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROTHCHILD, ILSE S		NAME		
STREET ADDRESS	9495 EVERGREEN PL #202		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda Fisher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/05 Daytime Phone # 954-472-5693		