

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90018 001 ****70.00

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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 - No P.O. Box #

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

**SCHORR, MARK B ESQ
800 SE 3RD AVENUE
SUITE 300
FT. LAUDERDALE FL 33316**

Name

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

City

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 the registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW - FEE IS \$61.25
Due By May 1, 2008**

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	D			☒
	WATSON, JONATHAN	9491 EVERGREEN PLACE #204	FORT LAUDERDALE FL 33324	
	VP			☒
	BARASCH, HOWARD	9491 EVERGREEN PL 108	FT. LAUDERDALE FL	
	T			☐
	ROSENBAUM, STEVE	9495 EVERGREEN CT, # 105	FORT LAUDERDALE FL 33324	
	P			☐
	FISHER, LINDA	9495 EVERGREEN PL	FORT LAUDERDALE FL 33324	
	S			☐
	ROTHCHILD, ILSE S	9495 EVERGREEN PL #202	FORT LAUDERDALE FL 33324	
	D			☐
	JOHNSON, JAMES	9491 EVERGREEN PLACE #102	FORT LAUDERDALE FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Linda D. Fisher

4/15/08