2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 725959

Entity Name: PINE ISLAND RIDGE CONDOMINIUM A-1 ASSOCIATION, INC.

Current Principal Place of Business:

9485 EVERGREEN PLACE
FT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

9485 EVERGREEN PLACE
FT LAUDERDALE, FL 33324

New Mailing Address:

FEI Number: 59-1641609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: ROSENBAUM, STEVE
Address: 9495 EVERGREEN CT, # 105
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: P ( ) Delete
Name: FISHER, LINDA
Address: 9495 EVERGREEN PL
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: S ( ) Delete
Name: ROTHCHILD, ILSE S
Address: 9495 EVERGREEN PL #202
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D ( ) Delete
Name: JOHNSON, JAMES
Address: 9491 EVERGREEN PLACE #102
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA D. FISHER PRES 02/16/2009
Electronic Signature of Signing Officer or Director — Date