FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 16 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726994 (7)

1. Corporation Name

PINE ISLAND RIDGE CONDOMINIUM G ASSOCIATION, INC

Principal Place of Business	Mailing Address
9301 LAGOON PLACE FT LAUDERDALE FL 33324	9301 LAGOON PLACE FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1973
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1838714 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, ARTHUR M
9460 POINCIANA PLACE, #310
FT. LAUDERDALE FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	SHARRON, ARNOLD	1.2 NAME		
STREET ADDRESS	9430 POINCIANA PL #206	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ARTHUR	2.2 NAME		
STREET ADDRESS	9460 POINCIANA PL #310	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	TRUBAKOFF, AARON	3.2 NAME	ROTHSCHILD, BERT	
STREET ADDRESS	9325 LAGOON PLACE, #408	3.3 STREET ADDRESS	9450 POINCIANA PLACE,#417	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PATTERSON, DONALD	4.2 NAME	POWSNER, LEANORE	
STREET ADDRESS	9325 LAGOON PLACE, #104	4.3 STREET ADDRESS	9235 LAGOON PLACE,#304	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	ATD	5.1 TITLE	ATD	☒ Change ☐ Addition
NAME	POSNER, LEONORE	5.2 NAME	ROSENBERG, RENEE	
STREET ADDRESS	9235 LAGOON PLACE, #304	5.3 STREET ADDRESS	9325 LAGOON PLACE,#310	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT.LAUDERDALE FL	
TITLE	ASD	6.1 TITLE	ASD	☒ Change ☐ Addition
NAME	ROTHSCHILD, BERT	6.2 NAME	TRUBAKOFF, AARON	
STREET ADDRESS	9450 POINCIANA PLACE 417	6.3 STREET ADDRESS	9325 LAGOON PLACE,#408	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT.LAUDERDALE FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/10/95 472-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT

0047118