

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 728446 (6)
1. Corporation Name
PINE ISLAND RIDGE CONDOMINIUM B ASSOCIATION, INC



Principal Place of Business
**9430 A TANGERINE PL
FT LAUDERDALE FL 33324**

Mailing Address
**9430 A TANGERINE PL
FT LAUDERDALE FL 33324**

3. Date Incorporated or Qualified
12/20/1973

3a. Date of Last Report
06/13/1995

4. FEI Number
59-1838717

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HANDLER, HENRY B., ESQ.
WEISS & HANDLER, P.A
1 BOCA PLACE, 2255 GLADES ROAD
BOCA RATON, FL 33431**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, ERIC	
STREET ADDRESS	9460 TANGERINE PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWMAN, JACK	
STREET ADDRESS	9460 TANGERINE PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDONLAD, ALEX	
STREET ADDRESS	9410 TANGERINE PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, HAROLD	
STREET ADDRESS	9410 TANGERINE PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOAGS, WILLIAM	
STREET ADDRESS	9460 TANGERINE PL	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, JERRY	
STREET ADDRESS	9410 TANGERINE PL	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Forte, Alex	
1.3 STREET ADDRESS	9440 Tangerine Place	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Parrinello, Thomas	
2.3 STREET ADDRESS	9420 Tangerine Place	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rogers, James H.	
3.3 STREET ADDRESS	9440 Tangerine Place	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Foldessy, Joseph	
4.3 STREET ADDRESS	9440 Tangerine Place	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Boags, William	
5.3 STREET ADDRESS	9460 Tangerine Place	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: *William Boags*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

954-472-8770

Date

Daytime Phone

CR2E037 (12/95)