


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 728446 (6)</b> 1. Corporation Name <b>PINE ISLAND RIDGE CONDOMINIUM B ASSOCIATION, INC</b>					
Principal Place of Business			Mailing Address		
9430 A TANGERINE PL FT LAUDERDALE FL 33324			9430 A TANGERINE PL FT LAUDERDALE FL 33324-4473		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/20/1973	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		04/08/1996	
24 Country		29 Country		4. FEI Number	
25		30		59-1838717	
9. Name and Address of Current Registered Agent				3a. Date of Last Report	
HANDLER, HENRY B., ESQ. WEISS & HANDLER, P.A. 1 BOCA PLACE, 2255 GLADES ROAD BOCA RATON, FL 33431				Applied For Not Applicable	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Signature, typed or printed name of registered agent and title if applicable				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. OFFICERS AND DIRECTORS				10. Name and Address of New Registered Agent	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				81 Name	
1.1 TITLE				82 Street Address (P.O. Box Number is Not Acceptable)	
1.2 NAME				83	
1.3 STREET ADDRESS				84 City	
1.4 CITY-ST-ZIP				85 Zip Code	
1.5 TITLE				FL	
1.6 NAME				86	
1.7 STREET ADDRESS				87	
1.8 CITY-ST-ZIP				88	
1.9 TITLE				89	
1.10 NAME				90	
1.11 STREET ADDRESS				91	
1.12 CITY-ST-ZIP				92	
1.13 TITLE				93	
1.14 NAME				94	
1.15 STREET ADDRESS				95	
1.16 CITY-ST-ZIP				96	
1.17 TITLE				97	
1.18 NAME				98	
1.19 STREET ADDRESS				99	
1.20 CITY-ST-ZIP				100	
1.21 TITLE				101	
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1.23 STREET ADDRESS				103	
1.24 CITY-ST-ZIP				104	
1.25 TITLE				105	
1.26 NAME				106	
1.27 STREET ADDRESS				107	
1.28 CITY-ST-ZIP				108	
1.29 TITLE				109	
1.30 NAME				110	
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1.40 CITY-ST-ZIP				120	
1.41 TITLE				121	
1.42 NAME				122	
1.43 STREET ADDRESS				123	
1.44 CITY-ST-ZIP				124	
1.45 TITLE				125	
1.46 NAME				126	
1.47 STREET ADDRESS				127	
1.48 CITY-ST-ZIP				128	
1.49 TITLE				129	
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1.73 TITLE				153	
1.74 NAME				154	
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1.77 TITLE				157	
1.78 NAME				158	
1.79 STREET ADDRESS				159	
1.80 CITY-ST-ZIP				160	
1.81 TITLE				161	
1.82 NAME				162	
1.83 STREET ADDRESS				163	
1.84 CITY-ST-ZIP				164	
1.85 TITLE				165	
1.86 NAME				166	
1.87 STREET ADDRESS				167	
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1.89 TITLE				169	
1.90 NAME				170	
1.91 STREET ADDRESS				171	
1.92 CITY-ST-ZIP				172	
1.93 TITLE				173	
1.94 NAME				174	
1.95 STREET ADDRESS				175	
1.96 CITY-ST-ZIP				176	
1.97 TITLE				177	
1.98 NAME				178	
1.99 STREET ADDRESS				179	
1.100 CITY-ST-ZIP				180	



CR2E037 (9/96)

SIGNATURE:

WILLIAM BOAGS, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037210

#13 -ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN 12

TITLE	S
NAME	DOROTHY BERGERON
ST.ADDRESS	9480 Tangerine Place
CITY-ST-ZIP	Ft. Lauderdale, FL