

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 732325 (6)

1. Corporation Name

PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONDO MANAGEMENT ALTERNATIVE, INC.  
9365 W. SAMPLE RD. SUITE 203-A  
CORAL SPRINGS FL 33065

% CONDO MANAGEMENT ALTERNATIVE, INC.  
9365 W. SAMPLE RD. SUITE 203-A  
CORAL SPRINGS FL 33065



3. Date Incorporated or Qualified

04/01/1975

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1788145

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

29

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAATHOFF, NANCY  
% CONDO MANAGEMENT ALTERNATIVE, INC.  
9365 W. SAMPLE RD, SUITE 203-A  
CORAL SPRINGS FL 33065

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, JOHN	
STREET ADDRESS	3356 NW 85TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RICCIARDELLI, JOSIE	
STREET ADDRESS	3352 NW 85TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEAFY, CYNTHIA	
STREET ADDRESS	3344 NW 85TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Heafy, Cynthia
3.4 CITY-ST-ZIP	same
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	Chiarelli, Madelyn
4.4 CITY-ST-ZIP	3350 NW 85th Ave.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Coral Springs, FL
5.3 STREET ADDRESS	33065
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TD
6.3 STREET ADDRESS	Fuentes, Omayra
6.4 CITY-ST-ZIP	3348 Nw 85th Ave.
	Coral Springs, FL 33065

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:

Cynthia Heafy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

954-72-4796

CR2E037 (12/95)