

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732325** (6)
1. Corporation Name
PINE SPRINGS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business % CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE RD. SUITE 203-A CORAL SPRINGS FL 33065		Mailing Address % CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE RD. SUITE 203-A CORAL SPRINGS FL 33065		3. Date Incorporated or Qualified 04/01/1975
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1788145
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

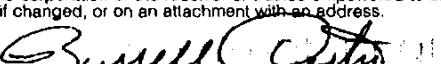
9. Name and Address of Current Registered Agent SAATHOFF, NANCY % CONDO MANAGEMENT ALTERNATIVE, INC. 9365 W. SAMPLE RD, SUITE 203-A CORAL SPRINGS FL 33065		10. Name and Address of New Registered Agent	
81	Name ANNE SAATHOFF	85	Zip Code 33065
82	Street Address (P.O. Box Number is Not Acceptable) C/O CONDO MANAGEMENT ALTERNATIVE		
83	City 9365 W. SAMPLE ROAD #203		
84	City CORAL SPRINGS		

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE TD	☒ Change ☐ Addition
NAME RUSS DESTRO		1.2 NAME	
STREET ADDRESS 3340 NW 85TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE SD	☐ DELETE	2.1 TITLE PD	☒ Change ☐ Addition
NAME MADELYN CHIARELLI		2.2 NAME	
STREET ADDRESS 3350 NW 85TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE TD	☒ DELETE	3.1 TITLE JVD	☐ Change ☒ Addition
NAME HEAFY, CYNTHIA		3.2 NAME SILVERSTEIN, AMY	
STREET ADDRESS 3344 NW 85TH AVE		3.3 STREET ADDRESS 3334 NW 85 AVE	
CITY-ST-ZIP CORAL SPRINGS FL		3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:  3-29-98 348-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)