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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-1788145 ☐ 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. 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

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

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
82 Street Address (P.O. Box Number is Not Acceptable): C/O CONDO MANAGEMENT ALTERNATIVE
83: 9365 W. SAMPLE ROAD #203
84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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 _____ 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	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	SVD	☐ 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		

CR2E037 (10/97)

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: _____ 3-29-98 348-2952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #