

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90013 025 ****61.25

DOCUMENT # 732325

1. Entity 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

P.O. BOX 8506
CORAL SPRINGS FL 33075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1788145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAATHOFF, NANCY
C/O CONDO MANAGEMENT ALTERNATIVE
9365 W. SAMPLE ROAD #203
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVERSTEIN, IRA ☐ Delete
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE VD
NAME RICETTI, MILLIE ☒ Delete
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE SD
NAME CHIARELLI, MADELYN ☐ Delete
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE TD
NAME ETIENNE, SANDY ☐ Delete
STREET ADDRESS P.O. BOX 8506
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME CLAIR, TIMOTHY
STREET ADDRESS P.O. Box 8506
CITY-ST-ZIP CORAL SPRINGS, FL 33075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

Date

954-752-4796

Daytime Phone #