

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751389** (8)
1. Corporation Name
PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**100 LAKE PINE CIRCLE
GREEN ACRES CITY FL 33463-5150**

Mailing Address
**100 LAKE PINE CIRCLE
GREEN ACRES CITY FL 33463-5150**

3. Date Incorporated or Qualified 03/05/1980	3a. Date of Last Report 05/31/1994
4. FEI Number 59-2029767	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent
**ST. JOHN, DAVID
500 AUSTRALIAN AVE. SOUTH
SUITE 600
WEST PALM BEACH FL 33401**

81. Name	10. Name and Address of New Registered Agent
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when relocating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	V ☒ Change ☒ Addition
NAME	TEIXEIRA, JAMES	12 NAME	SACCOMAND, JOE
STREET ADDRESS	136 LAKE PINE CIR. C1	13 STREET ADDRESS	13161 LAKE PINE CIR
CITY - ST - ZIP	GREENACRES FL 33463	14 CITY - ST - ZIP	GREENACRES, FL 33463
TITLE	V	21 TITLE	P ☒ Change ☐ Addition
NAME	WHITING, ALLEN	22 NAME	
STREET ADDRESS	114 C1 LAKE PINE CR.	23 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES CITY FL 33463	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WEINMUELLER, HANS	32 NAME	
STREET ADDRESS	124 A2 LAKE PINE CIR.	33 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL 33463	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WHITING, RITA	42 NAME	
STREET ADDRESS	114 C1 LAKE PINE CIR.	43 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL 33463	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JACOVONE, CHRIS	52 NAME	
STREET ADDRESS	138 D2 LAKE PINE CIR.	53 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL 33463	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MASUCCI, MIKE	62 NAME	
STREET ADDRESS	115 D1 LAKE PINE CIR.	63 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES FL 33463	64 CITY - ST - ZIP	

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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 in an attachment with an address.

SIGNATURE:

Allen Whiting PEGS ALLEN WHITING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

(Signature) (Printed Name)