

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



Principal Place of Business Mailing Address
100 LAKE PINE CIRCLE 100 LAKE PINE CIRCLE
GREEN ACRES CITY FL 33463-5158 GREEN ACRES CITY FL 33463-5158

3. Date Incorporated or Qualified 03/05/1980 3a. Date of Last Report 05/01/1995
4. FEI Number 59-2029767 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
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 24 Country 25 Zip 26 Country 27 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVE. SOUTH
SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SACCOMAND, JOE	
STREET ADDRESS	13161 LAKE PINE CIR	
CITY-ST-ZIP	GREENACRES FL	
TITLE	P - D	<input type="checkbox"/> DELETE
NAME	WHITING, ALLEN	
STREET ADDRESS	114 C1 LAKE PINE CR.	
CITY-ST-ZIP	GREENACRES CITY FL	
TITLE	T - D	<input type="checkbox"/> DELETE
NAME	WEINMUELLER, HANS	
STREET ADDRESS	124 A2 LAKE PINE CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	S - D	<input type="checkbox"/> DELETE
NAME	WHITING, RITA	
STREET ADDRESS	114 C1 LAKE PINE CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOVONE, CHRIS	
STREET ADDRESS	138 D2 LAKE PINE CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASUCCI, MIKE	
STREET ADDRESS	115 D1 LAKE PINE CIR.	
CITY-ST-ZIP	GREENACRES FL 33463	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT MCCAFFREY	
1.3 STREET ADDRESS	142 A-1 LAKE PINE CIRCLE	
1.4 CITY-ST-ZIP	GREENACRES, FL 33463	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VP - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MASUCCI, MIKE	
6.3 STREET ADDRESS	115 D-1 LAKE PINE CIRCLE	
6.4 CITY-ST-ZIP	GREENACRES, FL 33463	

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: Allen Whiting 4/1/96 439-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)