FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

751389 DOCUMENT #

(8)

Mailing Address

PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

100 LAKE PINE CIRCLE 100 LAKE PINE CIRCLE GREEN ACRES CITY FL 33463-5158 GREEN ACRES CITY FL 33463-5158 3a. Date of Last Report 05/01/1996 Date Incorporated or Qualified 03/05/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2029767 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ST. JOHN, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVE. SOUTH 83 SUITE 600 WEST PALM BEACH FL 33401 84 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change **Addition** DELETE 1.1 TITLE Ď TITLE MCCAFFREY, ROBERT MCCAFFREY, ROBERT 1.2 NAME NAME 142 AI LAKE PINE CIRCLE 142 A-1 LAKE PINE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS GREENACRES **GREENACRES FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change **DELETE** 2.1 TITLE TITLE WHITING, ALLEN 22 NAME WHITING, ALLEN NAME 114 C) LAKE PINE CIRCLE 114 C1 LAKE PINE CR. 2.3 STREET ADDRESS STREET ADDRESS GREENACRES CITY FL GREENAGRES 2.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 3.1 TITLE TIFLE WEINMUELLER, HANS 3.2 NAME WEINMUELLER, HANS NAME 124 AZ LAKE PINE CIR. 124 A2 LAKE PINE CIR. 3.3 STREET ADDRESS STREET ADDRESS GREENACRES FL GREENACRES 3.4. CITY-ST-ZIP CITY-S1-ZIP Change Addition DELETE 4.1 TITLE TITLE SD WHITING, RITA 4. 2 NAME WHITING, RITA NAME 114 CI LAKE PINE CIRCLÉ 114 C1 LAKE PINE CIR. STREET ADDRESS 4.3 STREET ADDRESS GREEN ALRES GREENACRES FL 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 5.1 TITLE THUE PD JACOVONE, CHRIS 5.2 NAME NAME CHRISTIE, BOB 138 D2 LAKE PINE CIR. 114AI LAKE PINE CIRCLE 5.3 STREET ADDRESS STREET ADDRESS GREENACRES FL 33463 5.4 CITY-ST-ZIP <u>Greenalres</u> fl CITY-ST-ZIP ☐ Change Addition Addition TITLE **VDP** DELETE 6.1 TITLE a T MASUCCI, MIKE 6.2 NAME CASS 1, GUS NAME 140 CI LAKE PINE CIRCLE 6.3 STREET ADDRESS 115 D1 LAKE PINE CIR, STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

GREEENACRES FL

SIGNATURE AND TYPED OR PRINTED

appears in Block 12 or Block 13 if changed, or on an attachment, with an address

14. I do 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 fustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

GREENACRES

Daytime Phone # 0043859

FILED

Mar 06 1997 8:00am

Secretary of State

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ADDITIONAL)

Etaylime Phene # 0043859

DOCUMENT #

SIGNATURE:

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(8)

Corporation Name						
PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.						
Principal Place	e of Business	Mailing Address				
M LAKE PINE	CIRCI F	100 LAKE PINE CIRCLE				
100 LAKE PINE CIRCLE 3REEN ACRES CITY FL 33463-5158 3REEN ACRES CITY FL 33463-5158					· .	
						3. Date incorporated or Qualified 3s. Date of Last Report
						03/05/1980 05/01/1996
Principal Pri	lace of Business	2a. Mailing Address				4. FEI Number Applied For
26						59-2029767 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Regulred
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
3		26				Trust Funo Contribution Added to Fees
Zip	Country	Zip	Cou	intry		B. This corporation has liab lify for intangible tax under s. 199.032,
4	[25] § Name and Address of Curren	[29]	30	1		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	E. Hame and Address of Cutter	r vadistolen väalit		B1	Name	
HOL TS	N DAVID				;	
ST. JOHN, DAVID 500 AUSTRALIAN AVE. SOUTH				82	Street	Address (P.O. Box Number is Not Acceptable)
SUITE 600				83		. /
WEST PALM BEACH FL 33401				84	City	las Zip Code
					•	
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State	≥ and 617.1508, Florida State of Florida, Such change was	utes, the a authorize	bove d by	named the corp	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
agent. i a	m familiar with, and accept the obliga-	ations of, Section 617.0503, F	Florida Sta	tutes.		
SIGNATURE .	Signature typed or printed name of registered age	and title if applicable (INC	OTE: Registere	d Agen	1 signature	e required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	TLE		D Change Addition
NAME	MCCAFFREY, ROBERT		1.2 N		ľ	DIMINICO, HANK
STREET ADDRESS	142 A-1 LAKE PINE CIRCLE					118 B2 LAKE PINE CIACLE
CITY-ST-ZIP TITLE	GREENACRES FL PD	DELETE	1.4 C	ITY-ST	- <u>ZIP</u>	GREEN ACRES FL Change K Addition
NAME	WHITING, ALLEN	A Deteri	2.1 M	-		
STREET ADDRESS	114 C1 LAKE PINE CR.				DORESS	TEIXEIRA, JIM 136 CI LAKE PINE CIRCLE
CITY - ST - ZIP	GREENACRES CITY FL	•		CITY ST		GREENACRES FL
TITLE	TD	DELETE	3.1 T(D Change Addition
NAME	WEINMUELLER, HANS	•	3.2 N	AME		MCKENNA, ED
STREET ADDRESS	124 A2 LAKE PINE CIR.		3.3 5	TREET A	LDDRESS	134 CI LAKE PINE CIACLE
CITY-ST-ZIP TITLE	GREENACRES FL SD	DELETE		ITY-ST	- ZIP	GREENAIRES FL
NAME	WHITING, RITA	Fol nerese	4.1 TI	ITLE IAME	ļ	Change Addition
STREET ADDRESS	114 C1 LAKE PINE CIR.				UDDRESS	•
CITY - ST - ZIF	GREENACRES FL	_	440	ITY-ST	-71P	
THTLE	D	DELETE				SAMOUNT Change Addition
NAME	JACOVONE, CHRIS	·	52 N	YWE A I	MAIER	AL LEDGER ACCI
STREE1 ADDRESS	138 D2 LAKE PINE CIR.		5.3 \$	TREEF	DURESS	AL LEDGER ACCT * AMOUNT Change Addition
CITY - ST - ZIP	GREENACRES FL 33463	None of the last o	3.4 (111.31	- ZIP	
TITLE .	VDP	DELETE	6.1 To			Change Addition
NAME STREET ADDRESS	MASUCCI, MIKE 115 D1 LAKE PINE CIR,		6.2 N		DDDCCC	
CITY-ST-ZIF	GREEENACRES FL			IREET A	DDRESS 71P	an
14 I do hereb	by certify that the information supplies	d with this filing does not qua	lifu for the	Aven	ontion of	eleted in Section 119.07(3)(i), Florida Statutes. Flurther certify that the
informatio	on indicated on this annual report or s fficer or director of the corporation or	supplemental annual report is rithe receiver or trustee empo	true and a wered to a	accur execu	ate and	d that my signature is a same legal effect as it made under oath; that
appears i	n Block 12 or Block 13 if sharibed, o	r on an attachment with an a	ddress	-	Vec	