

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
GREEN ACRES CITY FL 33463-5158100 LAKE PINE CIRCLE  
GREEN ACRES CITY FL 33463-51583. Date Incorporated or Qualified  
03/05/19803a. Date of Last Report  
05/01/19964. FEI Number  
59-2029767Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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 &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME MCCAFFREY, ROBERT  
STREET ADDRESS 142 A-1 LAKE PINE CIRCLE  
CITY-ST-ZIP GREENACRES FL1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME MCCAFFREY, ROBERT  
1.3 STREET ADDRESS 142 A-1 LAKE PINE CIRCLE  
1.4 CITY-ST-ZIP GREENACRES FLTITLE PD ☒ DELETE  
NAME WHITING, ALLEN  
STREET ADDRESS 114 C1 LAKE PINE CR.  
CITY-ST-ZIP GREENACRES CITY FL2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME WHITING, ALLEN  
2.3 STREET ADDRESS 114 C1 LAKE PINE CIRCLE  
2.4 CITY-ST-ZIP GREENACRES FLTITLE TD ☒ DELETE  
NAME WEINMUELLER, HANS  
STREET ADDRESS 124 A2 LAKE PINE CIR.  
CITY-ST-ZIP GREENACRES FL3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME WEINMUELLER, HANS  
3.3 STREET ADDRESS 124 A2 LAKE PINE CIR.  
3.4 CITY-ST-ZIP GREENACRES FLTITLE SD ☒ DELETE  
NAME WHITING, RITA  
STREET ADDRESS 114 C1 LAKE PINE CIR.  
CITY-ST-ZIP GREENACRES FL4.1 TITLE SP ☐ Change ☒ Addition  
4.2 NAME WHITING, RITA  
4.3 STREET ADDRESS 114 C1 LAKE PINE CIRCLE  
4.4 CITY-ST-ZIP GREENACRES FLTITLE D ☒ DELETE  
NAME JACOVONE, CHRIS  
STREET ADDRESS 138 D2 LAKE PINE CIR.  
CITY-ST-ZIP GREENACRES FL 334635.1 TITLE PD ☐ Change ☒ Addition  
5.2 NAME CHRISTIE, BOB  
5.3 STREET ADDRESS 114 A1 LAKE PINE CIRCLE  
5.4 CITY-ST-ZIP GREENACRES FLTITLE VDP ☒ DELETE  
NAME MASUCCI, MIKE  
STREET ADDRESS 115 D1 LAKE PINE CIR.  
CITY-ST-ZIP GREENACRES FL6.1 TITLE TD ☐ Change ☒ Addition  
6.2 NAME CASSI, GUS  
6.3 STREET ADDRESS 140 C1 LAKE PINE CIRCLE  
6.4 CITY-ST-ZIP GREENACRES FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043858

CR2E037 (9/96)

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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

ADDITIONAL



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 <b>03/05/1980</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2029767</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ST. JOHN, DAVID</b> <b>500 AUSTRALIAN AVE. SOUTH</b> <b>SUITE 600</b> <b>WEST PALM BEACH FL 33401</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MCCAFFREY, ROBERT</b> <b>142 A-1 LAKE PINE CIRCLE</b> <b>GREENACRES FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>D</b> <b>DIMINICO, HANK</b> <b>118 B2 LAKE PINE CIRCLE</b> <b>GREENACRES FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>WHITING, ALLEN</b> <b>114 C1 LAKE PINE CR.</b> <b>GREENACRES CITY FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D</b> <b>TEIXEIRA, JIM</b> <b>136 C1 LAKE PINE CIRCLE</b> <b>GREENACRES FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>WEINMUELLER, HANS</b> <b>124 A2 LAKE PINE CIR.</b> <b>GREENACRES FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D</b> <b>MCKENNA, ED</b> <b>134 C1 LAKE PINE CIRCLE</b> <b>GREENACRES FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>WHITING, RITA</b> <b>114 C1 LAKE PINE CIR.</b> <b>GREENACRES FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JACOVONE, CHRIS</b> <b>138 D2 LAKE PINE CIR.</b> <b>GREENACRES FL 33463</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<b>VENDOR #</b> <b>GENERAL LEDGER ACCT #</b> <b>\$ AMOUNT</b> <b>5300</b> <b>61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VDP</b> <b>MASUCCI, MIKE</b> <b>115 D1 LAKE PINE CIR.</b> <b>GREENACRES FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption Number # 0043858

CR2E037 (9/96)