

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



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

| |
|--|
| 3. Date Incorporated or Qualified 03/05/1980 |
| 4. FEI Number 59-2029767 |
| Applied For <input type="checkbox"/> Not Applicable |

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

| |
|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|--|
| 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 Larry M. Mesches, P. A. 82 Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Ave., #260 83 84 City West Palm Beach FL 85 Zip Code 33401 |
|--|

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 *Larry M. Mesches* **Larry M. Mesches, President** **2/23/98**
(NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D MCCAFFREY, ROBERT |
| STREET ADDRESS | 142 A1 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | VD WHITING, ALLEN |
| STREET ADDRESS | 144 C1 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D WEINMUELLER, HANS |
| STREET ADDRESS | 124 A2 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | SP WHITING, RITA |
| STREET ADDRESS | 114 C1 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD DOB, CHRISTIE |
| STREET ADDRESS | 114 A1 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | TD CASSI, GUS |
| STREET ADDRESS | 140 C1 LAKE PINE CIRCLE |
| CITY-ST-ZIP | GREENACRES FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | V/D ME. KENNA ED |
| 2.3 STREET ADDRESS | 134 C-1 LAKE PINE CIRCLE |
| 2.4 CITY-ST-ZIP | GREENACRES, FL. 33463 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DBURKE FRANK |
| 3.3 STREET ADDRESS | 108 C-1 LAKE PINE CIRCLE |
| 3.4 CITY-ST-ZIP | GREENACRES FL. 33463 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | S/D BAKER HOWARD |
| 4.3 STREET ADDRESS | 140 B-1 LAKE PINE CIRCLE |
| 4.4 CITY-ST-ZIP | GREENACRES, FL. 33463 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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 *Larry M. Mesches* **2/20/98**

CR2E037 (10/97)