

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90057 026 ****61.25

DOCUMENT # 751389

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

03/05/1980

4. FEI Number

59-2029767

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MESCHES, LARRY M PA
222 LAKEVIEW AVE., #260
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 D
NAME MCCAFFREY, ROBERT
STREET ADDRESS 142 A1 LAKE PINE CIRCLE
CITY-ST-ZIP GREENACRES FL

TITLE VD
NAME MCKENNA, ED
STREET ADDRESS 134 C-1 LAKE PINE CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE D
NAME BURKE, RANK
STREET ADDRESS 108 C01 LAKE PINE CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE SD
NAME BAKER, HOWARD
STREET ADDRESS 140 B-1 LAKE PINE CIRCLE
CITY-ST-ZIP GREENACRES FL 33463

TITLE PD
NAME DOB, CHRISTIE
STREET ADDRESS 114 A1 LAKE PINE CIRCLE
CITY-ST-ZIP GREENACRES FL

TITLE TD
NAME 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 D
1.2 NAME CRYTSER JOHN
1.3 STREET ADDRESS 125 D-2 LAKE PINE CIRCLE
1.4 CITY-ST-ZIP GREENACRES, FL 33463

2.1 TITLE PD
2.2 NAME MCKENNA, ED
2.3 STREET ADDRESS 134 C-1 LAKE PINE CIRCLE
2.4 CITY-ST-ZIP GREENACRES, FL 33463

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VPD
5.2 NAME CHRISTIE BOB
5.3 STREET ADDRESS 114 A-1 LAKE PINE CIRCLE
5.4 CITY-ST-ZIP GREENACRES, FL 33463

6.1 TITLE
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, with all other like empowered.

SIGNATURE: *Edward P. McKenna* **EDWARD P. MCKENNA** (361) 439-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)