2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90057 009 ****61 25

| DOCUMENT # 751389 1. Entity Name PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC. | | | | | | | No. | | 04-05-20 | J04 9005 / | 009 **** | 51.25 |
|---|--|--|---------------------|---------------------------------|--|--|--|---|--|--|--|---|
| Principal Place of Business 100 LAKE PINE CIRCLE 100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158 Mailing Address 100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 3 | | | | | 33463 | -5158 | | | | | `* | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | | | | |
| | | | | | | | | | . (81) 8/8/1 2/8/3 | 14II 515H 515H 410 | III. | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 01062004 | Chg-NP | CR2EC | 37 (10/03) | | |
| City & State | | | City & State | | | | 4. FEI Numbe 59-202 | 976 7 | | | oplied For ot Applicable | |
| Zip | Country | | Zip | | Соц | Country | | 5. Certificate | of Status Desire | d [] | \$8.75 Add Fee Require | |
| elan yan enemen e | 6. Name | and Address of Curren | t Registere | d Agent ~ | | Name | | 7. Name and | Address of Nev | w Registered | Agent - | |
| MESCHES, LARRY M PA | | | | | | | ddroen / | P.O. Box Numbe | er is Not Accepta | able) | | |
| 222 LAKEVIEW AVD., #260 SUITE 600 | | | | | | SuberA | .uuiess (i | F.O. BOX NUMBE | er is Not Accepte | 2016) | | |
| WESTPAL | LM BEACI | H, FL 33401 | | | | City | | | | FI | Zip Cod | le |
| 9 The above | namad anti | y submits this statement | for the num | nee of changing its | regieter |] ' | register | ed agent or bot | th in the State of | | <u>- </u> | |
| | ions of regis | | ioi the purp | ose of changing its | register | eu onice o | i regiaci | ed agent, or bo | in, in the state of | r ionaa. Tan | , rearrance 471000, | una accept |
| SIGNATURE. | | | | ı | | | - | | | į. | • • • • | |
| | | | | | | | | | | | | |
| Te ' | Signature, typed | or printed name of registered age | nt and trile if app | icable. (NOTE | : Register | ed Agent signat | ure required | (when reinstating) | | DATE | | |
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| 10. | Filing Fe Due by M | e is \$61.25 | | 9. Election Can Trust Fund C | npaign f | Financing tion. | | \$5.00 May B Added to Fees | F ANGES TO OFF | Make cher Iorida Depa | IRECTORS IN | tate |
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2. 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 report or supplemental 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 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 10 or Block 11 if the corporation of the receiver or trustee empowered in the empowered.

Calsa ROBERT BUZZYNSKI

3-18-04

Daytime Phone #