## **2006 NOT-FOR-PROFIT CORPORATION**

## **FILED** Feb 27, 2006 8:00 am Secretary of State

	. *	ANNUAL REPORT	
DO	CUN	MENT # 751389	

1. Entity Nam PINE RID INC.		TH I CONDOMIN	IUM ASS	SOCIATION,				02	2-27-2006 90	0106 020	****61.25	
100 LAKE PINE CIRCLE				Mailing Address 100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158								itimi di anni
Principal Place of Business 3. N				3. Mailing Address								
Suite, Apt.	#, etc.		Sui	Suite, Apt. #, etc.				02172006	Chg-NP	CR2	E037 (11/05)	
City & State			City	City & State				4. FEI Numbe 59-2029			<del></del>	oplied For ot Applicable
Zip`	Zip Country		Zip	Zíp Cou				5. Certificate	of Status Desire	d 🗆	\$8.75 Add Fee Require	
_	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	Address of Ne	w Register	ed Agent	
MESCHES	S. LARRY	M PA						CHRS	,LARI		1 PA.	. •
222 LAKE SUITE 600	VIEW AVE						ddress (F Z S	P.O. Box Numbe	r is Not Accepta	able)	DR . 50:	TE 200
WEST PA	LM BEACI	H, FL 33401			LUZ City	5T F	PALM B	RACH, F	-2:	<b>-</b> ∎ Zip Cod	A	
						Ony				F	-	401
	named entit tions of regist	y submits this statement i tered agent.	for the purpo	ose of changing it	s registère	ed office o	r register	ed agent, or bot	h, in the State of	f Florida. 1 i	am familiar with,	and accept
SIGNATURE	Sloneture board	or printed name of registered ager					·					
	digitation, typos	or burited ustule or redistered sider	nt and title if appl	icable. (NO	TE: Registered	d Agent signat	ure required	when reinstating)		DA1	TE	
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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 of the corporation or the receiver or turdee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an order of the empowered.

SIGNATURE: