


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90031 010 \*\*\*\*61.25

<b>DOCUMENT # 757171</b> 1. Entity Name <b>THE PINES OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9365 W. SAMPLE ROAD SUITE 203-A CORAL SPRINGS, FL 33065</b>			Mailing Address <b>PO BOX 8506 CORAL SPRINGS, FL 33075</b>		
2. Principal Place of Business <b>9365 W. SAMPLE ROAD</b>		3. Mailing Address Suite, Apt. #, etc. <b>SUITE 203</b>			
City & State <b>CORAL SPRINGS, FL</b>		City & State <b>CORAL SPRINGS, FL</b>			
Zip <b>33065</b>		Country <b>USA</b>		4. FEI Number <b>59-2173129</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SAATHOFF, ANNE 9365 W. SAMPLE ROAD SUITE 203 CORAL SPRINGS, FL 33065</b>			7. Name and Address of New Registered Agent Name <b>CONDO MANAGEMENT ALTERNATIVE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9365 W. SAMPLE ROAD #203</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Ronald Saathoff</i></u> <b>RONALD SAATHOFF</b> <span style="float: right;">1/21/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILLWELL, ROBERT P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WORD, DWAN PO BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, LISA PO BOX 8506 CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOUCY, ROBERT P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMERVIL, CARMAND P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOUCY, ROBERT P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMERVIL, CARMAND P.O. BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.					
SIGNATURE: <u><i>Dwan Word</i></u> <span style="float: right;">1-22-05 954-752-4796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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