

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 770389 (5)
1. Corporation Name
PINE SPRINGS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
9033 PINE SPRINGS DR.
BOCA RATON FL 33428

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1983		3a. Date of Last Report 04/28/1995	
21		26		4. FEI Number 59-2410274		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GABLER, IRVING
9092 PINE SPRINGS DRIVE
BOCA RATON FL 33428

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 *Irving I. Gabler* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAB, STEVE	1.2 NAME	RONALD SWEET
STREET ADDRESS	20905 SPRINGS TERR	1.3 STREET ADDRESS	9179 PINE SPRINGS DR.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE	BD <input type="checkbox"/> DELETE	2.1 TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, JOHN	2.2 NAME	FRAN MAIORINO
STREET ADDRESS	9052 PINE SPRINGS DR	2.3 STREET ADDRESS	9100 PINE SPRINGS DR.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE	BD <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, NATE	3.2 NAME	
STREET ADDRESS	9056 PINE SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	BD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABLER, IRVING	4.2 NAME	TRACEY CUNHINGS
STREET ADDRESS	9092 PINE SPRINGS DR.	4.3 STREET ADDRESS	9108 PINE SPRINGS DR.
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE	BD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOHAN, SINGH	5.2 NAME	GEORGE SHERMAN
STREET ADDRESS	9148 PINE SPRINGS DR	5.3 STREET ADDRESS	20936 SPRINGS TERR.
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL. 33428
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SCHWARTZ, AL	6.2 NAME	
STREET ADDRESS	9080 PINE SPRINGS DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Irving I. Gabler* IRVING I. GABLER 4/25/96 407 479 4471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)