

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 10 1997 8:00am  
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

9033 PINE SPRINGS DR.  
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		30 Country	

3. Date Incorporated or Qualified 09/23/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2410274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 LESLIE WOOD
82 Street Address (P.O. Box Number is Not Acceptable) 9128 PINE SPRINGS DR.
83 City BOCA RATON
84 State FL
85 Zip Code 33428

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 *Leslie E. Wood* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWEET, RONALD		1.2 NAME	
STREET ADDRESS 9179 PINE SPRINGS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE BD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOYLE, JOHN		2.2 NAME	
STREET ADDRESS 9052 PINE SPRINGS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE F	<input type="checkbox"/> DELETE	3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GABLER, IRVING		4.2 NAME	
STREET ADDRESS 9092 PINE SPRINGS DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE BD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOHAN, SINGH		5.2 NAME	
STREET ADDRESS 9148 PINE SPRINGS DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE BD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE *Leslie E. Wood* DATE 9/1/97

CR2E037 (4/97)