

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770389** (5)  
1. Corporation Name  
**PINE SPRINGS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>9033 PINE SPRINGS DR. BOCA RATON FL 33428</b>	Mailing Address <b>9033 PINE SPRINGS DR. BOCA RATON FL 33428</b>
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3. Date Incorporated or Qualified <b>09/23/1983</b>	
4. FEI Number <b>59-2410274</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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

**WOOD, LESLIE  
9128 PINE SPRGS DR  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>* BD SWEET, RONALD</b>
STREET ADDRESS	<b>9170 PINE SPRINGS DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>* TD WOOD, LESLIE</b>
STREET ADDRESS	<b>9128 PINE SPRGS DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S RUBIN, NATE</b>
STREET ADDRESS	<b>9056 PINE SPRINGS DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>TD GABLER, IRVING</b>
STREET ADDRESS	<b>9092 PINE SPRINGS DR.</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>* BD WEBB, ROBERT</b>
STREET ADDRESS	<b>9156 PINE SPRGS DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>BD SCHWARTZ, AL</b>
STREET ADDRESS	<b>9080 PINE SPRINGS DR</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PRESIDENT</b>
1.3 STREET ADDRESS	<b>GEORGE SHERMAN</b>
1.4 CITY - ST - ZIP	<b>20936 SPRINGS TER. BOCA RATON, FL 33428</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>V. PRESIDENT</b>
2.3 STREET ADDRESS	<b>MARGARET COAN</b>
2.4 CITY - ST - ZIP	<b>20899 SPRINGS TER. BOCA RATON, FL. 33428</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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: **X Leslie A. Wood** (REQUIRED)

CR2E037 (10/97)