


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90174 036 ****61.25

| | | | | | |
|---|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 770389 | | | | | |
| 1. Corporation Name PINE SPRINGS HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 9033 PINE SPRINGS DR. BOCA RATON FL 33428 | | | Mailing Address 9033 PINE SPRINGS DR. BOCA RATON FL 33428 | | |



| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 09/23/1983 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 | |
| 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 GEORGE SHERMAN 82 Street Address (P.O. Box Number is Not Acceptable) 20936 SPRINGS TERR. 83 84 City BOCA RATON 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 <i>George Sherman</i> DATE <i>4/6/99</i> (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE BD <input checked="" type="checkbox"/> DELETE NAME SWEET, RONALD STREET ADDRESS 9179 PINE SPRINGS DR CITY-ST-ZIP BOCA RATON FL | | | | 1.1 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MICHAEL LYNCH 1.3 STREET ADDRESS 20900 SPRINGS TERR. 1.4 CITY-ST-ZIP BOCA RATON, FL. 33428 | |
| TITLE TD <input checked="" type="checkbox"/> DELETE NAME WOOD, LESLIE STREET ADDRESS 9128 PINE SPRGS DR CITY-ST-ZIP BOCA RATON FL | | | | 2.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME SHEILA SCHNEIDERMAN 2.3 STREET ADDRESS 9044 PINE SPRINGS DR. 2.4 CITY-ST-ZIP BOCA RATON, FL 33428 | |
| TITLE P <input type="checkbox"/> DELETE NAME SHERMAN, GEORGE STREET ADDRESS 20936 SPRINGS TERR CITY-ST-ZIP BOCA RATON FL 33428 | | | | 3.1 TITLE BOARD DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME MARIE FALB 3.3 STREET ADDRESS 20875 SPRINGS TERR 3.4 CITY-ST-ZIP BOCA RATON, FL 33428 | |
| TITLE VP <input type="checkbox"/> DELETE NAME COAN, MARGARET STREET ADDRESS 20899 SPRINGS TERR CITY-ST-ZIP BOCA RATON FL 33428 | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE BD <input type="checkbox"/> DELETE NAME WEBB, ROBERT STREET ADDRESS 9156 PINE SPRGS DR CITY-ST-ZIP BOCA RATON FL | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE BD <input checked="" type="checkbox"/> DELETE NAME SCHWARTZ, AL STREET ADDRESS 9080 PINE SPRINGS DR CITY-ST-ZIP BOCA RATON FL | | | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)