

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01495

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** THE PINE RIDGE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GOLDMAN, JUDA, ESKEW, P.A.  
8211 W BROWARD BLVD, STE PH1- 5 FLR  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GOLDMAN, JUDA, & ESKEW, P.A.  
8211 W BROWARD BLVD, STE PH1- 5 FLR  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 59-2470757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMAN, JUDA & ESKEW, P.A.  
8211 WEST BROWARD BLVD.  
# PH-1  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

ASSOCIATED CORP.SRVS.C/O SACHS SAX CAPLAN  
611 BROKEN SOUND PARKWAY NW  
SUITE #200  
BOCA RATON, FL 33487 US

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.

SIGNATURE: PAULA MARA

02/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BULLARD, BRUCE  
Address: 8327 NW 52 PLACE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP  
Name: HUNT, EDGAR  
Address: 5417 NW 83 WAY  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S  
Name: WALDMAN, SUSAN  
Address: 5125 NW 85 ROAD  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D  
Name: SILVERBERG, STEVEN  
Address: 8485 NW 49TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D  
Name: SCHMIDT, THOMAS  
Address: 5066 NW 90 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D  
Name: ARBOGAST, STEVEN  
Address: 5434 NW 88 WAY  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE BULLARD

P

02/14/2011

Electronic Signature of Signing Officer or Director

Date