2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# N01495

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:

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

Name and Address of New Registered Agent:

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: _____

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

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 02/15/2012

Electronic Signature of Signing Officer or Director — Date