

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009368

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** PINE RIDGE COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15860 & 15850 PINE RIDGE RD  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

8890 SALROSE LANE #200  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 51-0535888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANFORD, JUDY  
15860 PINE RIDGE ROAD #2  
FT MYERS, FL 33908 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: SANFORD, FRANK  
Address: 15860-2 PINE RIDGE RD  
City-St-Zip: FT MYERS, FL 33908

Title: ST  
Name: SANFORD, JUDY  
Address: 15860-2 PINE RIDGE RD  
City-St-Zip: FT MYERS, FL 33908

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: FRANK SANFORD

P

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date