


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90077 028 \*\*\*\*61.25

<b>DOCUMENT # N20091</b> 1. Entity Name <b>THE PINE RIDGE VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONDO MANAGEMENT ALTERNATIVE</b> <b>9365 W. SAMPLE RD., #203</b> <b>CORAL SPRINGS, FL 33065</b>				Mailing Address <b>P.O. BOX 8506</b> <b>CORAL SPRINGS, FL 33075</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2823948</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SAATHOFF, ANNE</b> <b>CONDO MANAGEMENT ALTERNATIVE</b> <b>9365 W. SAMPLE RD., #203</b> <b>CORAL SPRINGS, FL 33065</b>			Name <b>CONDO MANAGEMENT ALTERNATIVE, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9365 W. SAMPLE ROAD #203</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Ronald Saathoff</i></u> <b>RONALD SAATHOFF</b> <span style="float: right;">2/28/05</span> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HANNON, ROBERT</b>		NAME		
STREET ADDRESS	<b>PO BOX 8506</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUDOLPH, JAN</b>		NAME		
STREET ADDRESS	<b>PO BOX 8506</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KRAMAN, CLARA</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 8506</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DAVIS, CLAIRE</b>		NAME	<b>ATKINS, FREDERICK</b>	
STREET ADDRESS	<b>PO BOX 8506</b>		STREET ADDRESS	<b>P.O. BOX 8506</b>	
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>		CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROSENTHAL, ARNOLD</b>		NAME	<b>MEARS, JAMES</b>	
STREET ADDRESS	<b>PO BOX 8506</b>		STREET ADDRESS	<b>P.O. BOX 8506</b>	
CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>		CITY - ST - ZIP	<b>CORAL SPRINGS, FL 33075</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>R. M. Hanna</i></u> <span style="float: right;">954-752-4796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					