

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N 30473

Pine Island Ridge  
Lodge # 2602

Principal Place of Business

Mailing Address

9781 N.W. 18th Drive  
Plantation Fl. 33322

3. Date Incorporated or Qualified  
1989

3a. Date of Last Report  
March 21, 95

2. Principal Place of Business

21 Broward County

2a. Mailing Address

26 9781 N.W. 18th Drive

4. FEI Number

65-0181786

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Plantation, Florida

28 Plantation, Florida

Zip

Country

Zip

Country

24 33322

25 USA

29 33322

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Vito Silecchia  
13101 SW 30th Ct.  
Davie, Florida 33330

81 Name  
Michael Spadafino

82 Street Address (P.O. Box Number is Not Acceptable)  
9781 N.W. 18th Drive

83

84 City  
Plantation

FL

85 Zip Code  
33322

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

Signature of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
5-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☒ DELETE  
NAME President  
STREET ADDRESS Vito Silecchia  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Michael Spadafino  
1.3 STREET ADDRESS 9781 N.W. 18th Dr. Plantation Fl. 33322  
1.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME Lenore Silecchia  
STREET ADDRESS Financial Secretary  
CITY-ST-ZIP 13101 S.W. 30th Ct.

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Financial Sec.  
2.3 STREET ADDRESS Catherine Lupari  
2.4 CITY-ST-ZIP 1502 Whitehall Dr. Apt. 301 Ft. Laud. Fl. 33324

TITLE ☐ DELETE  
NAME Davie, Florida 33330  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Treasurer  
3.3 STREET ADDRESS Plino Tizzani  
3.4 CITY-ST-ZIP 9741 N.W. 18th Dr. Plantation, Fl. 33322

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Trustee  
4.3 STREET ADDRESS Vincent Lupari  
4.4 CITY-ST-ZIP 1502 Whitehall Dr. Apt. 301 Ft. Laud. Fl. 33324

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 800001897968  
6.4 CITY-ST-ZIP -07/18/96--01047--032  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 deleted, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

5-30-96

(954) 424-2710

Date

Daytime Phone #

CR2E037 (12/95)