

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30673 (0)

1. Corporation Name

PINE ISLAND RIDGE LODGE #2602, INC.

Principal Place of Business

Mailing Address

**9781 N.W. 18TH DRIVE
PLANTATION FL 33322**

**9781 N.W. 18TH DRIVE
PLANTATION FL 33322-5686**



3. Date Incorporated or Qualified
02/13/1989

3a. Date of Last Report
07/18/1996

4. FEI Number

65-0181786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPADAFINO, MICHAEL
9781 N.W. 18TH DRIVE
PLANTATION FL 33322**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 principal name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADAFINO, MICHAEL	1.2 NAME	
STREET ADDRESS	9781 N.W. 18TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPARI, CATHERINE	2.2 NAME	
STREET ADDRESS	1502 WHITEHALL DR. APT. 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIZZANI, FLINO	3.2 NAME	FRANK ACCELLA
STREET ADDRESS	9741 N.W. 18TH DR.	3.3 STREET ADDRESS	1530 WHITEHALL DR. APT. 201
CITY-ST-ZIP	PLANTATION FL 33322	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33324
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPARI, VINCENT	4.2 NAME	
STREET ADDRESS	1502 WHITEHALL DR. APT.301	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIACONIA, PHIL	5.2 NAME	
STREET ADDRESS	8220 LAGOON PL #314	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAZZALINO, CARMINE	6.2 NAME	VIRGINIA PERICCI
STREET ADDRESS	9195 OLD ORCHARD RD.	6.3 STREET ADDRESS	1707 WHITEHALL DR. APT. 206
CITY-ST-ZIP	DAVE FL 33328	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33324

14. I do 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 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 changed or on an attachment with an address.

CR2E037 (9/96)