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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90007 030 \*\*\*\*61.25

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1. Corporation Name

PINE ISLAND RIDGE DEMOCRATIC CLUB, INC.

Principal Place of Business

P O BOX 292161  
SUITE 2903  
DAVIE FL 33329  
US

Mailing Address

P O BOX 292161  
SUITE 2903  
DAVIE FL 33329  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/21/1997

4. FEI Number

65-0132679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HERSKOVITS, JERRY  
1703 WHITEHALL DR  
STE 402  
FT LAUDERDALE FL 33324

10. Name and Address of New Registered Agent

81 Name

MARVIN SIMON

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

2120 SW. 92ND TERRACE SUITE 2903

83

84 City

FT LAUDERDALE

FL

85 Zip Code  
33324

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 MARVIN SIMON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE D + PRES. ☐ DELETE

NAME SIMON, MARVIN  
STREET ADDRESS 2120 S.W. 92ND TERRACE, SUITE 2903  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE D + PRES. ☐ DELETE

NAME HERSKOVITS, JERRY  
STREET ADDRESS 1703 WHITEHALL DRIVE, #402  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE D + PRES. ☐ DELETE

NAME FASCIANO, VITO  
STREET ADDRESS 9850 N. OAK KNOLL CIRCLE  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE D + PRES. ☒ DELETE

NAME WOLINSKY, LEO  
STREET ADDRESS 1520 WHITEHALL DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE D + PRES. ☐ DELETE

NAME LEWIS, SYLVIA  
STREET ADDRESS 1709 WHITEHALL DR.  
CITY-ST-ZIP FORT LAUDERDALE FL 33324

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

CR2E037 (11/98)