

FILE NOW: FILING FEE IS \$61.25

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Apr 17 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 # **746054** (6)

1. Corporation Name

PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 343 PINE RIDGE CIRCLE GREENACRES CITY FL 33463	Mailing Address 343 PINE RIDGE CIRCLE GREENACRES CITY FL 33463-1985
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3. Date Incorporated or Qualified **02/23/1979** 3a. Date of Last Report **04/10/1996**

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

4. FEI Number **59-1963457** 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

9. Name and Address of Current Registered Agent

BERES, KENNETH
343 PINE RIDGE CIRCLE
GREENACRES FL 33463
FL 33463

10. Name and Address of New Registered Agent

81 Name WIMMER, JOSEPH C
82 Street Address (P.O. Box Number is Not Acceptable) 336 C-2 PINE RIDGE CIRCLE
83
84 City GREENACRES FL 85 Zip Code 33463

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 **Joseph C. Wimmer** **JOSEPH C. WIMMER** **4-8-97**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	CLASSON, ROBERT 316 PINE RIDGE CIRCLE LAKE WORTH FL	1.1 TITLE PD	JOSEPH C. WIMMER 336 C-2 PINE RIDGE CIRCLE GREENACRES FL 33463
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	FARACE, SAM 328 PINE RIDGE CIRCLE LAKE WORTH FL	2.1 TITLE VD	PAT SCARANTINO 328 C-1 PINE RIDGE CIRCLE GREENACRES FL 33463
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	CLAWSON, JEAN 333 PINE RIDGE CIRCLE LAKE WORTH FL	3.1 TITLE TD	ANITA BROWN 335 C-1 PINE RIDGE CIRCLE GREENACRES FL 33463
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE SD	PUGLIESE, HELEN 335 PINE RIDGE CIR #A1 LAKE WORTH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Joseph C. Wimmer** **JOSEPH C. WIMMER** **4-8-97** **561 9671848**
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone # 0043809

CR2E037 (9/96)