

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90031 016 \*\*\*\*61.25

**DOCUMENT # 746054**

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**

100508-90031-16



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

3. Date Incorporated or Qualified

**02/23/1979**

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

9. Name and Address of Current Registered Agent

**WIMMER, JOSEPH C.  
336 C-2 PINE RIDGE CIR  
GREENACRES FL 33463**

10. Name and Address of New Registered Agent

**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

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WIMMER, JOSEPH C.**  
STREET ADDRESS **336 C-2 PINE RIDGE CIR**  
CITY-ST-ZIP **GREEN ACRES FL**

TITLE **VD** ☒ DELETE

NAME **SCARANTINO, PAT**  
STREET ADDRESS **328 PINE RIDGE CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TD** ☒ DELETE

NAME **BROWN, ANITA**  
STREET ADDRESS **335 C-1 PINE RIDGE CIR**  
CITY-ST-ZIP **GREENACRES FL**

TITLE **SD** ☐ DELETE

NAME **PUGLIESE, HELEN**  
STREET ADDRESS **335 PINE RIDGE CIR #A1**  
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VB** ☒ Change ☐ Addition

**SAM FARACE**

**328 PINE RIDGE CIRCLE C-2**

**GREENACRES FL 33463**

**TD** ☒ Change ☐ Addition

**ROBERT CLASSON**

**316 D-1 PINE RIDGE CIRCLE**

**GREENACRES FL 33463**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

**Joseph C. Wimmer** **JOSEPH C WIMMER** **1-4-99 561-967-1848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)