

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 012 ****61.25

DOCUMENT # 746054

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1963457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

KARWELL, ESTELLE
306 D2 PINE RIDGE CIRCLE
GREENACRES FL 33463

7. Name and Address of New Registered Agent

Name

D. PASQUALE, RAY

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

330 D1 PINE RIDGE CIRCLE

City

GREENACRES

FL

Zip Code

33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reelecting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARREIRA, MICHAEL	
STREET ADDRESS	331 B2 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE	V	<input type="checkbox"/> Delete
NAME	PASQUALE, RAY D	
STREET ADDRESS	330 D1 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KARWELL, ESTELLE	
STREET ADDRESS	306 D2 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	PUGLIESE, HELEN	
STREET ADDRESS	335 A1 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLASSON, ROBERT	
STREET ADDRESS	340 B1 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	ASST. TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARWELL, ESTELLE	
STREET ADDRESS	306 D2 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES, FL 33463	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLAND, WILLIAM	
STREET ADDRESS	309 D1 PINE RIDGE CIRCLE	
CITY - ST - ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Classon ROBERT CLASSON

1/25/06

561-967-1848