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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748729 (1)

1. Corporation Name  
PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3591 PINE NEEDLE LAKE WORTH FL 33463  
3591 PINE NEEDLE LAKE WORTH FL 33463-3180

3. Date Incorporated or Qualified 08/30/1979  
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2001903  
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

10. Name and Address of New Registered Agent

BONNET, HARRY  
5960 PINE CONE CT  
LAKE WORTH FL 33463

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME SCATURRO, GEORGE  
STREET ADDRESS 3560 PINE NEEDLE DR  
CITY-ST-ZIP LAKE WORTH FL  
TITLE  DELETE  
NAME HERRICK, BONNIE  
STREET ADDRESS 3530 PINE NEEDLE DRIVE  
CITY-ST-ZIP LAKE WORTH, FL 3  
TITLE  DELETE  
NAME GAUGHRAN, GRACE  
STREET ADDRESS 3530 LAZY PINE WAY  
CITY-ST-ZIP LAKE WORTH, FL 00000  
TITLE  DELETE  
NAME MEYER, DOROTHY  
STREET ADDRESS 3561 LONG PINE CT.  
CITY-ST-ZIP LAKE WORTH, FL 3  
TITLE  DELETE  
NAME BONNET, HARRY  
STREET ADDRESS 5960 PINE CONE CT.  
CITY-ST-ZIP LAKE WORTH FL  
TITLE  DELETE  
NAME TOMASIELLO  
STREET ADDRESS 3530 PINE NEEDLE DRIVE  
CITY-ST-ZIP LAKE WORTH FL

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 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: *Harry Bonnet* HARRY BONNET 1/24/97 561-967-7727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043883

CR2E037 (9/96)