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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748729
 1. Corporation Name
PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3591 PINE NEEDLE LAKE WORTH FL 33463	Mailing Address 3591 PINE NEEDLE LAKE WORTH FL 33463
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/30/1979	4. FEI Number 59-2001903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent BONNET, HARRY 5960 PINE CONE CT LAKE WORTH FL 33463	10. Name and Address of New Registered Agent 81 Name GEORGE SCATURRO 82 Street Address (P.O. Box Number is Not Acceptable) 3591 PINE NEEDLE DRIVE 83 84 City LAKE WORTH FL 85 Zip Code 33463
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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 *George Scaturro* **GEORGE SCATURRO** DATE **2/5/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D SCATURRO, GEORGE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President
NAME	3560 PINE NEEDLE DR	1.2 NAME	
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D BARBATO, JOSEPH	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VICE-PRESIDENT
NAME	5861 WHISPERING PINE WAY	2.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 3 33463	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	S GAUGHRAN, GRACE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TREASURER
NAME	3530 LAZY PINE WAY	3.2 NAME	MARY BURKE
STREET ADDRESS	LAKE WORTH, FL 00000	3.3 STREET ADDRESS	5960 PINE CONE CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE <input checked="" type="checkbox"/> DELETE	T MEYER, DOROTHY	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY
NAME	3561 LONG PINE CT.	4.2 NAME	ANN RADZIWANOWSKI
STREET ADDRESS	LAKE WORTH, FL 3	4.3 STREET ADDRESS	3531 TALL PINE WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE <input checked="" type="checkbox"/> DELETE	P BONNET, HARRY	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
NAME	5960 PINE CONE CT.	5.2 NAME	WARREN SILVER
STREET ADDRESS	LAKE WORTH FL	5.3 STREET ADDRESS	5931 WHISPERING PINE WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE <input checked="" type="checkbox"/> DELETE	D TOMASIELLO	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
NAME	3530 PINE NEEDLE DRIVE	6.2 NAME	RICHARD FERRANTE
STREET ADDRESS	LAKE WORTH FL	6.3 STREET ADDRESS	5930 WHISPERING PINE WAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE WORTH, FL 33463

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *George Scaturro* **GEORGE SCATURRO** DATE **2/5/99** DAYTIME PHONE # **561 433-5750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)