

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90020 044 ****61.25

0054461

DOCUMENT # 748729

1. Entity 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

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

59-2001903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCATURRO, GEORGE
3591 PINE NEEDLE DR
LAKE WORTH FL 33463

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SCATURRO, GEORGE	
STREET ADDRESS	3560 PINE NEEDLE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARBATO, JOSEPH	
STREET ADDRESS	5861 WHISPERING PINE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURKE, MARY	
STREET ADDRESS	5960 PINE CONE CT	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	RADZIWANOWSKI, ANN	
STREET ADDRESS	3531 TALL PINE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, WARREN	
STREET ADDRESS	5931 WHISPERING PINE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRANTE, RICHARD	
STREET ADDRESS	5930 WHISPERING PINE WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCATURRO, GEORGE	
STREET ADDRESS	3560 PINE NEEDLE DR	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, MARY	
STREET ADDRESS	5960 PINE CONE CT.	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, WARREN	
STREET ADDRESS	5931 WHISPERING PINE WAY	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANTE, RICHARD	
STREET ADDRESS	5930 WHISPERING PINE WAY	
CITY-ST-ZIP	GREENACRES, FL 33463	

12. 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 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: *MARY C. BURKE* **MARY C. BURKE** 3/21/01 561 967-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (10/00)