

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -3 PM 6:02

**DOCUMENT # 755990 (9)**  
1. Corporation Name  
**PINE RIDGE SOUTH IV CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**400 PINE GLEN LANE LAKE WORTH FL 33463** **400 PINE GLEN LANE LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1981** 3a. Date of Last Report **03/11/1994**  
4. FEI Number **59-2083894** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 28  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 26  
Zip Country Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRITTS, ROBERT**  
**5702 LAKE WORTH ROAD, #4**  
**GREENACRES 33467**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (use if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME **SETARO, MICHAEL**  
STREET ADDRESS **411C1 PINE GLEN LANE**  
CITY - ST - ZIP **LAKE WORTH, FL 00000**  
TITLE P  
NAME **KOHUT, EMIL**  
STREET ADDRESS **438 #2**  
CITY - ST - ZIP **LAKEWORTH FL**  
TITLE D  
NAME **DORNAK, CHARLES**  
STREET ADDRESS **430-B2 PINE GLEN LANE**  
CITY - ST - ZIP **LAKE WORTH FL**  
TITLE SD  
NAME **GWERTZMAN, ETHEL**  
STREET ADDRESS **416A2 PINE GLEN LANE**  
CITY - ST - ZIP **LAKE WORTH, FL 00000**  
TITLE DV  
NAME **ROSE, DUNSKY**  
STREET ADDRESS **412 B2 PINE GLEN LANE**  
CITY - ST - ZIP **LAKE WORTH, FL 00000**  
TITLE VT  
NAME **OBER, MARGUERITE**  
STREET ADDRESS **408-B2 PINE GLEN LANE**  
CITY - ST - ZIP **LAKE WORTH, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **PRESIDENT**  Change  Addition  
1.2 NAME **JOHN GILLIS**  
1.3 STREET ADDRESS **413 A2 PINE GLEN LANE**  
1.4 CITY - ST - ZIP **LAKEWORTH, FL. 33463**  
2.1 TITLE **VICE PRESIDENT**  Change  Addition  
2.2 NAME **ROBERT GALLAGHER**  
2.3 STREET ADDRESS **405 C1 PINE GLEN LANE**  
2.4 CITY - ST - ZIP  
3.1 TITLE **TREASURER**  Change  Addition  
3.2 NAME **MARGUE RITE OBER**  
3.3 STREET ADDRESS **406 B2 PINE GLEN LANE**  
3.4 CITY - ST - ZIP  
4.1 TITLE **SECRETARY**  Change  Addition  
4.2 NAME **SHIRLEY BERG**  
4.3 STREET ADDRESS **42302 PINE GLEN LANE**  
4.4 CITY - ST - ZIP **LAKE WORTH FL**  
5.1 TITLE **DIRECTOR**  Change  Addition  
5.2 NAME **ROSE DUNSKY**  
5.3 STREET ADDRESS **412 B2 PINE GLEN LANE**  
5.4 CITY - ST - ZIP  
6.1 TITLE **DIRECTOR**  Change  Addition  
6.2 NAME **CHARLES DORNAK**  
6.3 STREET ADDRESS **4130 B2 PINE GLEN LANE**  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marguerite M Ober*  
DIGITALLY SIGNED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95  
Date

407-439-0290  
Telephone Number