

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 01/20/1981  
3a. Date of Last Report: 04/03/1995  
4. FEI Number: 59-2083894  
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

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  
30.

9. Name and Address of Current Registered Agent: FRITTS, ROBERT 5702 LAKE WORTH ROAD, #4 GREENACRES 33467  
10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GILLIS, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	413 A2 PINE GLEN LANE	1.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP GALLAGHER, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	405 C1 PINE GLEN LANE	2.2 NAME	
STREET ADDRESS	LAKEWORTH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T OBER, MARGUERITE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	406 B2 PINE GLEN LANE	3.2 NAME	
STREET ADDRESS	LAKE WORTH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S BERG, SHIRLEY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	423 C2 PINE GLEN LANE	4.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D ROSE, DUNSKY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	412 B2 PINE GLEN LANE	5.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DORNIK, CHARLES	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	430 B2 PINE GLEN LANE	6.2 NAME	
STREET ADDRESS	LAKE WORTH, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *John Gillis* JOHN GILLIS, PRES. 2/28/96 407-489-0290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)