

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-2083894	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOSEPH
STREET ADDRESS	448C PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	FLANAGAN, JOHN J
STREET ADDRESS	419A2 PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	OBER, MARGUERITE
STREET ADDRESS	406 B2 PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BERG, SHIRLEY
STREET ADDRESS	423 C2 PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROSE, DUNSKY
STREET ADDRESS	412 B2 PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	VARGYAS, THERESA
STREET ADDRESS	429-B2 PINE GLEN LANE
CITY-ST-ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Philip Fiorino
1.3 STREET ADDRESS	438 D-1 Pine Glen Lane
1.4 CITY-ST-ZIP	Lake Worth Fl 33463
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Gillis
2.3 STREET ADDRESS	413 A2 Pine Glen Lane
2.4 CITY-ST-ZIP	Lake Worth Fl 33463
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mary Sockett
3.3 STREET ADDRESS	430 B1 Pine Glen Lane
3.4 CITY-ST-ZIP	Lake Worth Fl. 33463
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Yola Schwartz
4.3 STREET ADDRESS	415 C1 Pine Glen Lane
4.4 CITY-ST-ZIP	Lake Worth Fl 33463
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Philip V. Fiorino* 3/9/98 President

CP2E037 (10/97)