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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 755990

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/20/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-2083894

Applied For
 Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACKER, KEITH F
PENINSULA PLAZA, STE. 914
2424 NORTH FEDERAL HIGHWAY
BOCA RATON FL 33491

81 Name

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

136 East Boca Raton Road

83

84 City

Boca Raton

FL

85 Zip Code

33432

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

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

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FIORINO, PHILIP	
STREET ADDRESS	438 D-1 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GILLIS, JOHN	
STREET ADDRESS	413 A-2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OBER, MARGUERITE	
STREET ADDRESS	406 B2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERG, SHIRLEY	
STREET ADDRESS	423 C2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH, FL 00000 33463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOCKETT, MARY	
STREET ADDRESS	460 B-1 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH, FL 00000 33463	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VARGYAS, THERESA	
STREET ADDRESS	429-B2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vargyas, Theresa	
1.3 STREET ADDRESS	429-B2 Pine Glen Lane	
1.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOCKETT, Mary	
2.3 STREET ADDRESS	430-B1 Pine Glen Lane	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
3.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nelson, Barbara	
3.3 STREET ADDRESS	439-A1 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	Raab, Donald	
4.3 STREET ADDRESS	449-D Pine Glen Lane	
4.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Polakowski, Rose	
5.3 STREET ADDRESS	450-G Pine Glen Lane	
5.4 CITY-ST-ZIP	LAKE WORTH FL 33463	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Flanagan, John	
6.3 STREET ADDRESS	419-A2 Pine Glen Lane	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3 1999 642-4831
 Date Daytime Phone #

CR2E037 (1/98)