

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90088 049 \*\*\*\*61.25

0037317

**DOCUMENT # 755990**  
 1. Entity Name  
**PINE RIDGE SOUTH IV CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business <b>400 PINE GLEN LANE LAKE WORTH FL 33463</b>	Mailing Address <b>400 PINE GLEN LANE LAKE WORTH FL 33463</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2083894</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**BACKER, KEITH F**  
**136 E. BOCA RATON RD.**  
**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GALLAGHER, ROBERT</b>
STREET ADDRESS	<b>405 C-1 PINE GLEN LANE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CHIADROLANZIO, CARL</b>
STREET ADDRESS	<b>448-E PINE GLENN LANE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>SOCKETT, MARY H</b>
STREET ADDRESS	<b>430-B1 PINE GLEN LN.</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>VARGYAS, THERESA</b>
STREET ADDRESS	<b>429-B2 PINE GLEN LANE</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GILLIS, JOHN</b>
STREET ADDRESS	<b>413 C-2 PINE GLENN LN</b>
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Richard Derosa</b>
CITY-ST-ZIP	<b>447-D Pine Glen Lane</b>
	<b>Lakeworth Fla. 33463</b>
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director</b>
STREET ADDRESS	<b>Anthony OULETTE</b>
CITY-ST-ZIP	<b>436 B2 Pine Glen Lane</b>
	<b>Lakeworth FL 33463</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Secretary</b>
STREET ADDRESS	<b>shirley Houghtaling</b>
CITY-ST-ZIP	<b>408 A2 pine Glen Lane</b>
	<b>Lake worth Fla. 33463</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **SIGNATURE REQUIRED** *Feb 7/02* (561) 439-0290

CR2E037 (9/01)