

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 26, 2007
Secretary of State**

DOCUMENT# 755990

Entity Name: PINE RIDGE SOUTH IV CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2328 S CONGRESS AVE
SUITE 2A
WEST PALM BEACH, FL 33406**New Principal Place of Business:****Current Mailing Address:**2328 S CONGRESS AVE
SUITE 2A
WEST PALM BEACH, FL 33406**New Mailing Address:**

FEI Number: 59-2083894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BACKER, KEITH F
136 E. BOCA RATON RD.
BOCA RATON, FL 33432 US**Name and Address of New Registered Agent:**BACKER, KEITH F
400 SOUTH DIXIE HIGHWAY, SUITE 420
BOCA RATON, FL 33432 US

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: KFB

09/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: ASD () Delete
Name: O'BOYLE, MARY D
Address: 2338 S. LONGRESS AVE, SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406Title: D () Delete
Name: MASGAY, PATRICIA
Address: 2328 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406Title: TD () Delete
Name: WADDINGTON, JOHN
Address: 2328 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406Title: D () Delete
Name: SICK, RUTH
Address: 2328 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406Title: VPD () Delete
Name: VARGAS, THERESA
Address: 2328 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406Title: P () Delete
Name: HOUGHTALING, SHIRLEY
Address: 2328 S. CONGRESS AVE., SUITE 2A
City-St-Zip: WEST PALM BEACH, FL 33406**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KFB

RA

09/26/2007

Electronic Signature of Signing Officer or Director

Date