

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90080 011 ****61.25



DOCUMENT # 755990

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2083894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLAGHER, ROBERT	
STREET ADDRESS	405 C1 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHIADROLANZIO, CARL	
STREET ADDRESS	448-E PINE GLENN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOCKETT, MARY H	
STREET ADDRESS	430-B1 PINE GLEN LN.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	P	<input type="checkbox"/> Delete
NAME	VARGYAS, THERESA	
STREET ADDRESS	429-B2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEROSA, RICHARD	
STREET ADDRESS	447-D PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOUGHTALING, SHIRLEY	
STREET ADDRESS	408 A2 PINE GLEN LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tony Ouellette	
STREET ADDRESS	43632 Pine Glen Lane	
CITY-ST-ZIP	Green Acres FL 33463	
TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Houghtaling	
STREET ADDRESS	408-A2 Pine Glen Lane	
CITY-ST-ZIP	Green Acres, Fla 33463	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sockett Mary H	
STREET ADDRESS	430 B1 Pine Glen Lane	
CITY-ST-ZIP	Green Acres FL 33463	
TITLE	MAINTENANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARGYAS THERESA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Lavigne	
STREET ADDRESS	432 D1 Pine Glen Lane	
CITY-ST-ZIP	Green Acres FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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] RECREATED

1-27-03

CR2E037 (10/02)