

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746054

Entity Name: PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**343 PINE RIDGE CIRCLE
GREENACRES CITY, FL 33463**Current Mailing Address:**343 PINE RIDGE CIRCLE
GREENACRES CITY, FL 33463**FEI Number:** 59-1963457**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRITCH, MICHAEL W
313 PINE RIDGE CIR. D2
GREENACRES, FL 33463 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:** MICHAEL W. BRITCH

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BASILE, RICHARD SR
Address 307 PINE RIDGE CIR A2
City-State-Zip: GREENACRES FL 33463

Title VD
Name GAUTHIER, FRANCIS X
Address 338 PINE RIDGE CIR C1
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name REDMOND, BARBARA
Address 341 PINE RIDGE CIR C2
City-State-Zip: GREENACRES FL 33463

Title S/D
Name REDIHAN, SALLY
Address 308 PINE RIDGE CIR A1
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name ORSINI, JOSEPH
Address 324 PINE RIDGE CIR D1
City-State-Zip: GREENAACRES FL 33463

Title DIRECTOR
Name GAINER, MARK
Address 321 PINE RIDGE CIR C2
City-State-Zip: GREENACRES FL 33463

Title TREASURER, DIRECTOR
Name BRITCH, MICHAEL
Address 313 PINE RIDGE CIR. D2
City-State-Zip: GREENACRES FL 33463

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W. BRITCH

TREASURER

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date