2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746054

Entity Name: PINE RIDGE III CONDOMINIUM ASSOCIATION, INC.

FILED Apr 13, 2017 Secretary of State CC8752134155

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:

CARREIRA, MICHAEL J 331 B2 PINE RIDGE CIR GRENACRES, 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	PD	Title	VD

NameBASILE, RICHARD SRNameGAUTHIER, FRANCIS XAddress307 PINE RIDGE CIR A2Address338 PINE RIDGE CIR C1City-State-Zip:GREENACRES FL 33463City-State-Zip:GREENACRES FL 33463

Title TD Title S/D

Name REDMOND, BARBARA Name REDIHAN, SALLY

Address 341 PINE RIDGE CIR C2 Address 308 PINE RIDGE CIR A1

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title DIRECTOR Title DIRECTOR

NameJOHNSTON, JAMESNameCARREIRA, MICHAELAddress335 PINE RIDGE CIRCLE B1Address331 PINE RIDGE CIR B2City-State-Zip:GREENACRES FL 33463City-State-Zip:GREENACRES FL 33463

Title DIRECTOR Title DIRECTOR

NameORSINI, JOSEPHNameOUELLETTE, JEAN-CLAUDEAddress324 PINE RIDGE CIR D1Address331 PINE RIDGE CIR B1City-State-Zip:GREENAACRES FL 33463City-State-Zip:GREENACRES FL 33463

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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: RICHARD BASILE PRESIDENT 04/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name GAINER, MARK

Address 321 PINE RIDGE CIR C2
City-State-Zip: GREENACRES FL 33463