

2014 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:**CARREIRA, MICHAEL J
331 B2 PINE RIDGE CIR
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name JOHNSTON, JAMES
Address 335 B1 PINE RIDGE CIRCLE
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name FARACE, SAM
Address 328 C2 PINE RIDGE CIRCLE
City-State-Zip: GREENACRES FL 33463

Title VD
Name GAUTHIER, FRANCIS X
Address 321 C1 PINE RIDGE CIR
City-State-Zip: GREENACRES FL 33463

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

Title DIRECTOR
Name CATANZANO, ANTHONY
Address 310 D PINE RIDGE CIRCLE
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name DEWAAL, HANS
Address 324 D1 PINE RIDGE CIRCLE
City-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****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHERIDAN, PAUL
Address	339 C1 PINE RIDGE CIRCLE
City-State-Zip:	GREENACRES FL 33463