

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748729

**Entity Name:** PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3591 PINE NEEDLE  
GREENACRES, FL 33463

**FILED**  
**Apr 01, 2021**  
**Secretary of State**  
**1974484682CC**

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2001903

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STOLOFF & MANOFF, P.A.  
STOLOFF & MANOFF P.A.  
1818 AUSTRALIAN AVE #400  
WEST PALM BEACH, FL 33409 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            PRESIDENT  
Name            VITALE, CARMINE  
Address        5900 WHISPERING PINE WAY, #A1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            LEVANDOWSKI, SUSAN  
Address        3531 TALL PINE WAY - A2  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            VINCENT, MARGARET  
Address        3560 PINE TREE COURT, C1  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            LEE, WALTER  
Address        3561 TALL PINE WAY, B1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            WRIGHT, RICHARD  
Address        3560 PINE TREE CT, D1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            CICCARELLO, CHARLES  
Address        3531 PINE NEEDLE DR, D1  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            ROOS, GAYLE  
Address        5991 WHISPERING PINE WAY, D1  
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:** CARMINE VITALE

**PRESIDENT**

**04/01/2021**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date