

**2014 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  
LAKE WORTH, FL 33463

**FILED**  
**Mar 28, 2014**  
**Secretary of State**  
**CC8077973801**

**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:**

ED DICKER ESQ  
DICKER KRIVOK & STOLOFF 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            DE SIMONE, PETER  
Address        5801 WHISPERING PINE WAY #416-D1  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            WINKLER, LAWRENCE  
Address        5730 PINE WOOD DRIVE 434 A2  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            RADZIWANOWSKI, ANN  
Address        3531 TALL PINE WAY 432-D1  
City-State-Zip: LAKE WORTH FL 33463

Title            VP  
Name            SHERIDAN, NANCY  
Address        3530 PINE NEEDLE DR, C1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            BARRETT, ALFRED  
Address        5800 WHISPERING PINE WAY 415-D2  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            LEE, WALTER  
Address        3561 TALL PINE WAY B-1  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            DI GIANVITTORIO, JANNINE  
Address        5990 WHISPERING PINE WAY C1  
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: PETER DE SIMONE**

**PRESIDENT**

**03/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date