

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751389

**Entity Name:** PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**100 LAKE PINE CIRCLE  
GREEN ACRES, FL 33463-5158**Current Mailing Address:**100 LAKE PINE CIRCLE  
GREEN ACRES, FL 33463-5158**FEI Number:** 59-2029767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT RESOURCES  
4000 S.57TH AVENUE  
#101  
LAKE WORTH, 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            PRESIDENT  
Name            O'CONNOR, THOMAS  
Address        115 C2 LAKE PINE CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            CIPRIANI, MARIO  
Address        137 A1 LAKE PINE CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            VPD  
Name            LITOWSKY, BETTY ANNE  
Address        111 A-1 LAKE PINE CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            PARRILLO, WALTER  
Address        139 LAKE PINE CR. C1  
City-State-Zip: GREEN ACRES FL 33463

Title            D  
Name            GUERRASIO, VINCENT  
Address        119 B1 LAKE PINE CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            COLLINS, WILLIAM  
Address        117 A2 LAKE PINE CIRCLE  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            BUCZYNSKI, ROBERT  
Address        104 LAKE PINE CIRCLE C2  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            BRUNO, JOSEPH  
Address        113 LAKE PINE CIRCLE B1  
City-State-Zip: GREENACRES FL 33463

**Continues on page 2**

*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:** THOMAS O'CONNOR

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02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR, SECRETARY
Name	AMES , HORACE
Address	115 LAKE PINE CIRCLE
City-State-Zip:	GREENACRES FL 33463