

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752837

FILED
Mar 05, 2013
Secretary of State
CC6487437571

Entity Name: PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION,INC.

Current Principal Place of Business:

200 PINE HOV CIRCLE
LAKE WORTH, FL 33463

Current Mailing Address:

200 PINE HOV CIRCLE
LAKE WORTH, FL 33463

FEI Number: 59-2083889

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 PD
Name FIORINI, DONALD
Address 226C1 PINE HOV CIR.
City-State-Zip: GREENACRES FL 33463

Title D
Name VILLANI, DOMINIC
Address 225 B1 PINE HOV CIR.
City-State-Zip: GREENACRES FL 33463

Title VPD
Name MERCURIO, RALPH
Address 219 D2 PINE HOV CIR
City-State-Zip: GREENACRES FL 33463

Title SD
Name TURNQUIST, ROBERT
Address 232 PINE HOV CIR D1
City-State-Zip: GREENACRES FL 33463

Title TD
Name LLEWELLYN, GAIL
Address 235 PINE HOV CIR D1
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name WHITTIER, EDWARD
Address 57 NEWBURY ROAD
City-State-Zip: ROWLEY MA 01969

Title DIRECTOR
Name TEMPERATO, DONALD
Address 39 E BELLAQUA ESTATES DRIVE
City-State-Zip: ROCHESTER NY 14624

Title DIRECTOR
Name TURSKEY, NORMAN
Address 230 PINE HOV CIRCLE B1
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: DONALD FIORINI

P

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOPRESTI, MICHAEL
Address 44 PIRATES COVE
City-State-Zip: SPENCERPORT NY 14559