

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752837

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:

BECKER & POLIAKOFF
625 N FLAGLER DR
7TH FLOOR
WEST PALM BEACH , FL 33401 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: MARK FRIEDMAN

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROTUNNO, LOU
Address 200 PINE HOV CIR.
City-State-Zip: GREENACRES FL 33463

Title TREASURER
Name SALUS, HERBERT
Address 200 PINE HOV CIR
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name CUSHING, ELIZABETH
Address 200 PINE HOV CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name TURSKY, NORMAN
Address 200 PINE HOV CIRCLE
City-State-Zip: GREENACRES FL 33463

Title VP
Name BALDASSARE, PETER
Address 200 PINE HOV CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name CRAWFORD, GERALD
Address 200 PINE HOV CIR
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT
Name REID, LAWRENCE
Address 200 PINE HOV CIRCLE
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name PIKE , TIMOTHY
Address 200 PINE HOV CIRCLE
City-State-Zip: LAKE WORTH 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: LAWRENCE REID

PRESIDENT

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name LARSON, SUSAN
Address 200 PINE HOV CIRCLE
City-State-Zip: LAKE WORTH FL 33463