

**2018 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**

**04/11/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ANTHONY, DENNIS  
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 MERCURIO, RALPH  
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

**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: LAWRENCE REID**

**PRESIDENT**

**04/11/2018**

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