

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752837

FILED
Mar 14, 2024
Secretary of State
5473134807CC

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

Current Principal Place of Business:

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 59-2083889

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLIAKOFF, P.A., BECKER &
625 N FLAGLER DRIVE
SUITE 700
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: BECKER & POLIAKOFF, P.A.

03/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ROTUNNO, LOU
Address C/O GRS COMMUNITY MANAGEMENT,
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title TREASURER
Name SALUS, HERBERT
Address C/O GRS COMMUNITY MANAGEMENT,
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name MILLER, JANET
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PRESIDENT
Name CUSHING, ELIZABETH
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name LO PRIMO, RONALD
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name FAVIA, GIACOMO
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD. SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name FLERME, ANEL
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name AMBERG, MARGOT
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
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: ELIZABETH CUSHING

PRESIDENT

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name FIORINI, DON
Address C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463