

**2023 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

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**9019988503CC**

**Current Mailing Address:**

11199 POLO CLUB RD STE A  
C/O JDM PROPERTY MANAGERS  
WELLINGTON, FL 33414 US

**FEI Number:** 59-2083889

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KRAVIT, CORY  
2101 CORPORATE BLVD NW SUITE 410  
BOCA RATON, FL 33431 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:** CORY KRAVIT

04/21/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROTUNNO, LOU  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title TREASURER  
Name SALUS, HERBERT  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title VP  
Name MILLER, FRED  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT  
Name CUSHING, ELIZABETH  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name LO PRIMO, RONALD  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name BIANCHI, LOUIS  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name FLERME, ANEL  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

Title DIRECTOR  
Name ELLISON, MICHELLE  
Address 11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414

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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

P

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PERTICONE, DEBRA  
Address        11199 POLO CLUB ROAD  
City-State-Zip: WELLINGTON FL 33414