

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755990

**FILED**  
**Feb 22, 2021**  
**Secretary of State**  
**5010932511CC**

**Entity Name:** PINE RIDGE SOUTH IV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

400 PINE GLEN LANE  
GREENACRES, FL 33463

**Current Mailing Address:**

C/O FIRST SERVICE RESIDENTIAL  
11621 KEW GARDENS AVENUE SUITE 200  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 59-2083894

**Certificate of Status Desired:** No

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

BACKER, KEITH F  
400 SOUTH DIXIE HIGHWAY, SUITE 420  
BOCA RATON, FL 33432 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           PRESIDENT  
Name           BISHOP, JEAN  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           VP  
Name           BROEDEL, SCOTT  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           TREASURER  
Name           BARONE, ANTHONY  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           SECRETARY  
Name           GENTILE, GARY  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           DIRECTOR  
Name           GRECO, ROSEMARY  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           DIRECTOR  
Name           BUSACCA, JOE  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

Title           DIRECTOR  
Name           O'BOYLE, MARY DOREEN  
Address        400 PINE GLEN LANE  
City-State-Zip: GREENACRES FL 33463

*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:** JEAN BISHOP

**PRESIDENT**

**02/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date