

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755990

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

**FILED**  
**Jan 23, 2024**  
**Secretary of State**  
**9394206003CC**

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

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

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

Title            DIRECTOR  
Name            CARDILLO, VINCENT  
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            WAGNER, LUBOV  
Address        400 PINE GLEN LANE, GREENACRES,  
                    FL 33463  
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**

**01/23/2024**

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

\_\_\_\_\_  
Date