

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758931

**FILED  
Mar 02, 2015  
Secretary of State  
CC3462513307**

**Entity Name:** PINE RIDGE NORTH I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

500 SHADY PINE WAY  
WEST PALM BEACH, FL 33415

**Current Mailing Address:**

500 SHADY PINE WAY  
WEST PALM BEACH, FL 33415

**FEI Number:** 59-2153460

**Certificate of Status Desired:** No

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

PROPERTY MANAGEMENT RESOURCES  
4000 S.57TH AVE  
#101  
LAKE WORTH, FL 33463 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 TD  
Name THOMAS, ARTHUR  
Address 539 SHADY PINE WAY C2  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name WIBBLE, JEAN  
Address 530 SHADY PINE WAY C1  
City-State-Zip: WEST PALM BEACH FL 33415

Title PD  
Name GRASSIE, GLORIA  
Address 531 B-1 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title SD  
Name NOTTINGHAM, JEANETTE  
Address 527 A-1 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR  
Name NAZARIAN, NIK  
Address 2260 SOUNDINGS COURT  
City-State-Zip: GREENACRES FL 33413

*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:** GLORIA GRASSIE

**PRESIDENT**

**03/02/2015**

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

\_\_\_\_\_  
Date