2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758931

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

FILED Feb 09, 2017 Secretary of State CC0415848570

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 US

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 PD Title D

NameBESTER, RUDOLPHNameGRASSIE, GLORIAAddress500 SHADY PINE WAYAddress500 SHADY PINE WAY

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title D Title TD

NameNOTTINGHAM, JEANETTENameSHAHIN NAZARIAN, NIKAddress500 SHADY PINE WAYAddress500 SHADY PINE WAY

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title SVD Title [

Name GOLDSMITH, MARK Name REYES, CONSUELO
Address 500 SHADY PINE WAY Address 500 SHADY PINE WAY

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title D

Name DONOHUE, MARIA
Address 500 SHADY PINE WAY

City-State-Zip: WEST PALM BEACH FL 33415

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: RUDOLPH BESTER PRESIDENT

Electronic Signature of Signing Officer/Director Detail

ENT 02/09/2017

Date