

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758931

**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 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 P  
Name GOLDSMITH, MARK  
Address 500 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name DONOHUE, MARIA  
Address 500 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title SECRETARY  
Name GOLDSMITH, JUDITH  
Address 500 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title TREASURER  
Name NAZARIAN, SHAHIN  
Address 500 SHADY PINE WAY  
City-State-Zip: WEST PALM BEACH FL 33415

Title D  
Name JOVANOVA, ANDRIANA  
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:** JUDITH GOLDSMITH

**SECRETARY**

**04/11/2022**

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

\_\_\_\_\_  
Date