

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748729 (1)

1. Corporation Name

PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3591 PINE NEEDLE
LAKE WORTH FL 33463**

**3591 PINE NEEDLE
LAKE WORTH FL 33463**



3. Date Incorporated or Qualified

08/30/1979

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2001903

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BONNET, HARRY
5960 PINE CONE CT
LAKE WORTH FL 33463**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCATURRO, GEORGE	
STREET ADDRESS	3560 PINE NEEDLE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERRICK, BONNIE	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 3	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAUGHRAN, GRACE	
STREET ADDRESS	3530 LAZY PINE WAY	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEYER, DOROTHY	
STREET ADDRESS	3581 LONG PINE CT.	
CITY-ST-ZIP	LAKE WORTH, FL 3	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BONNET, HARRY	
STREET ADDRESS	5960 PINE CONE CT.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMASIELLO	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	

11 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	HINZE, EMILY	
13 STREET ADDRESS	3531 PINE TREE CT.	
14 CITY-ST-ZIP	LAKE WORTH, FL 33463	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Bonnet

HARRY BONNET 2/6/96 407 967-7787

CR2E037 (12/95)