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FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4. FEI Number

59-2001903

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONNET, HARRY
5980 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCATURRO, GEORGE
STREET ADDRESS 3560 PINE NEEDLE DR
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D
NAME HERRICK, BONNIE
STREET ADDRESS 3530 PINE NEEDLE DRIVE
CITY-ST-ZIP LAKE WORTH, FL 3

☒ DELETE

TITLE S
NAME GAUGHRAN, GRACE
STREET ADDRESS 3530 LAZY PINE WAY
CITY-ST-ZIP LAKE WORTH, FL 00000

☐ DELETE

TITLE T
NAME MEYER, DOROTHY
STREET ADDRESS 3581 LONG PINE CT.
CITY-ST-ZIP LAKE WORTH, FL 3

☐ DELETE

TITLE P
NAME BONNET, HARRY
STREET ADDRESS 5980 PINE CONE CT.
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE D
NAME TOMASIELLO
STREET ADDRESS 3530 PINE NEEDLE DRIVE
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

1.1 TITLE DIRECTOR
1.2 NAME BARBATO, JOSEPH
1.3 STREET ADDRESS 5861 WHISPERING PINE WAY
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463

☐ Change ☒ Addition

2.1 TITLE VICE PRESIDENT
2.2 NAME HINZE, EMILY
2.3 STREET ADDRESS 3531 PINE TREE CT
2.4 CITY-ST-ZIP LAKE WORTH, FL 33463

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EMILY HINZE 1/10 FEBRUARY 20 1998 561 917-7727

CR2E037 (10/97)