


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90080 050 ****61.25

0046037

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 748729

1. Corporation Name

PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 3591 PINE NEEDLE
 LAKE WORTH FL 33463

Mailing Address
 3591 PINE NEEDLE
 LAKE WORTH FL 33463



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/30/1979
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2001903
24 Country	29 Country	Applied For
	30	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

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 GEORGE SCATURRO 82 Street Address (P.O. Box Number is Not Acceptable) 3591 PINE NEEDLE DRIVE 83 84 City LAKE WORTH FL 85 Zip Code 33463

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 *George Scaturro* **GEORGE SCATURRO** 2/5/99 DATE
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCATURRO, GEORGE	1.2 NAME	
STREET ADDRESS	3560 PINE NEEDLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBATO, JOSEPH	2.2 NAME	
STREET ADDRESS	5861 WHISPERING PINE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33463	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUGHRAN, GRACE	3.2 NAME	MARY BURKE
STREET ADDRESS	3530 LAZY PINE WAY	3.3 STREET ADDRESS	5960 PINE CONE CT
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, DOROTHY	4.2 NAME	ANN RADZIOWANSKI
STREET ADDRESS	3561 LONG PINE CT.	4.3 STREET ADDRESS	3531 TALL PINE WAY
CITY-ST-ZIP	LAKE WORTH, FL 3	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNET, HARRY	5.2 NAME	WARREN SILVER
STREET ADDRESS	5960 PINE CONE CT.	5.3 STREET ADDRESS	5931 WHISPERING PINE WAY
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMASIELLO	6.2 NAME	RICHARD FERRANTE
STREET ADDRESS	3530 PINE NEEDLE DRIVE	6.3 STREET ADDRESS	5930 WHISPERING PINE WAY
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	LAKE WORTH, FL 33463

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *George Scaturro* **GEORGE SCATURRO** PRES 2/5/99 561 433-5750 DATE
 (NOTE: Registered Agent signature required when reinstating)

CR2E037 (11/98)