

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90020 044 *****61.25

0054461

DOCUMENT # 748729

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2001903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCATURRO, GEORGE
3591 PINE NEEDLE DR
LAKE WORTH FL 33463**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **SCATURRO, GEORGE**
STREET ADDRESS **3560 PINE NEEDLE DR**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ Change ☐ Addition
NAME **SCATURRO, GEORGE**
STREET ADDRESS **3560 PINE NEEDLE DR**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **D** ☐ Delete
NAME **BARBATO, JOSEPH**
STREET ADDRESS **5861 WHISPERING PINE WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **BURKE, MARY**
STREET ADDRESS **5960 PINE CONE CT**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **P** ☒ Change ☐ Addition
NAME **BURKE, MARY**
STREET ADDRESS **5960 PINE CONE CT.**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **S** ☐ Delete
NAME **RADZIWANOWSKI, ANN**
STREET ADDRESS **3531 TALL PINE WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SILVER, WARREN**
STREET ADDRESS **5931 WHISPERING PINE WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VP** ☒ Change ☐ Addition
NAME **SILVER, WARREN**
STREET ADDRESS **5931 WHISPERING PINE WAY**
CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE **D** ☐ Delete
NAME **FERRANTE, RICHARD**
STREET ADDRESS **5930 WHISPERING PINE WAY**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **T** ☒ Change ☐ Addition
NAME **FERRANTE, RICHARD**
STREET ADDRESS **5930 WHISPERING PINE WAY**
CITY-ST-ZIP **GREENACRES, FL 33463**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY C. BURKE **MARY C. BURKE** 3/21/01 561 967-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)