

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90055 013 \*\*\*\*61.25

0011479

DOCUMENT # **748729**

1. Entity 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

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Frank Scalise**  
Street Address (P.O. Box Number is Not Acceptable) **5861 Whispering Pine Way 41802**  
City **Greenacres** FL Zip Code **33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Angelo Martino*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/9/03**

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCATURRO, GEORGE</b>	
STREET ADDRESS	<b>3560 PINE NEEDLE DR</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CUKLINSKI, MARIE</b>	
STREET ADDRESS	<b>5830 WHISPERING PINE WAY</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURKE, MARY</b>	
STREET ADDRESS	<b>5960 PINE CONE CT</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RADZIWANOWSKI, ANN</b>	
STREET ADDRESS	<b>3531 TALL PINE WAY</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERMENTE, RICHARD</b>	
STREET ADDRESS	<b>5930 WHISPERING PINE WAY</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCRELISE, FRANK</b>	
STREET ADDRESS	<b>5861 WHISPERING PINE WAY</b>	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scalise, Frank</b>	
STREET ADDRESS	<b>5861 Whispering Pine Way 41802</b>	
CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Angelo Martino</b>	
STREET ADDRESS	<b>5990 Whispering Pine Way 40A-B1</b>	
CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	
TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Burke, Mary</b>	
STREET ADDRESS	<b>5960 Pine Cone Ct 403-C1</b>	
CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mannix, Dan</b>	
STREET ADDRESS	<b>5960 Pine Cone Court 405-B2</b>	
CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Coronato, Mike</b>	
STREET ADDRESS	<b>5831 Whispering Pine Way</b>	
CITY-ST-ZIP	<b>Greenacres, FL 33463</b>	

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: *Angelo Martino* **UNRECORDED REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/9/03**

DAYTIME PHONE # **561-967-7727**

CR2E037 (4/03)