

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90057 009 ****61.25

DOCUMENT # 751389 1. Entity Name PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158				Mailing Address 100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2029767	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MESCHES, LARRY M PA 222 LAKEVIEW AVD., #260 SUITE 600 WEST PALM BEACH, FL 33401				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCZYNSKI, ROBERT		NAME	BUCZYNSKI ROBERT	
STREET ADDRESS	104 C-2 LAKE PINE CIRCLE		STREET ADDRESS	104 C-2 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREEN ACRES, FL 33463		CITY-ST-ZIP	GREEN ACRES, FL 33463	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUGUST, CASSI		NAME	CHRISTIE ROBERT	
STREET ADDRESS	140 C-1 LAKE PINE CIR.		STREET ADDRESS	114 A-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, JOSEPH		NAME	WEINMULLER HANS	
STREET ADDRESS	126 C-1 LAKE PINE CIRCLE		STREET ADDRESS	124 A-2 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRASIO, VINCENT		NAME	GUERRASIO VINCENT	
STREET ADDRESS	139 B-1 LAKE PINE CIRCLE		STREET ADDRESS	119 B-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREEN ACRES, FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTARDO, JOHN		NAME	ATTARDO JOHN	
STREET ADDRESS	138 A-1 LAKE PINE CIR.		STREET ADDRESS	138 A-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, HOWARD		NAME	CUCINELLI ANTHONY	
STREET ADDRESS	140-B1 LAKE PINE CIRCLE		STREET ADDRESS	129 D-1 LAKE PINE CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463		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:			ROBERT BUCZYNSKI 3-18-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

RECEIVED
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 REVENUE
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