2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90029 031 ****61.25

DOCUMENT # 751389

1. Entity Name
PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

50017620

Principal Place of Business	Mailing Address
100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158	100 LAKE PINE CIRCLE GREEN ACRES CITY, FL 33463-5158

02142005 Chg-NP CR2E037 (10/03)

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 59-2029767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MESCHES, LARRY M PA
222 LAKEVIEW AVD., #260
SUITE 600
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCZYNSKI, ROBERT 104 C-2 LAKE PINE CIRCLE GREEN ACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCZYNSKI ROBART 104 C-2 LAKE PINE CIRCLE GREENACRES, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AUGUST, CASSI 140 C-1 LAKER PINE CIR. GREENACRES, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTIE ROBART 114 A-1 LAKE PINE CIRCLE GREENACRES FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOKE, JOSEPH 126 C-1 LAKE PINE CIRCLE GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEINMUELLER HANS 124 A-2 LAKE PINE CIRCLE GREENACRES, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUERRASIO, VINCENT 119 B-1 LAKE PINE CIR. GREEN ACRES, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEDRMAN SID 142 A-2 LAKE PINE CIRCLE GREENACRES, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ATTARDO, JOHN 138 A-1 LAKE PINE CIR. LAKE WORTH, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ATTARDO JOHN 138 A-1 LAKE PINE CIRCLE GREENACRES, FL 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUCINBLLI, ANTHONY 129-D-1 LAKE PINE CIR GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: RJ Buczynski, TFA 2-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #