


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90092 030 ****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
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40033445



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-NP CR2E037 (12/06)

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 525 S FLAGLER DR STE 200 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	
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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, 2007**

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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRICI PAT 114 C-2 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATTARPO, JOHN 138 A-1 LAKE PINE CIR GREEN ACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRASIO VINCENT 119 B-1 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOKE, JOSEPH 126 C-1 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LITOWSKY BETTY ANNE 111 A-1 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDRRMAN, SID 142 A-2 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZIEGENBALG SHERRY 122 A-1 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATTARDO, JOHN 138 A-1 LAKE PINE CIR. GREEN ACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINMUELLER HANS 124 A-2 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUCINBLI, ANTHONY 129-D-1 LAKE PINE CIR GREEN ACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUCINBLI ANTHONY 129 D-1 LAKE PINE CIRCLE GREEN ACRES, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Anthony Cucinbli, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 561-439-7050
Date Daytime Phone #

ATTACHMENT

40033445

#751389

ADDITIONAL BOARD MEMBERS

TITLE D

✓ ADDITION

NAME AMES HORACE

STREET ADDRESS 115 B-1 LAKE PINA CIRCLE

CITY-ST-ZIP GREENACRES, FL. 33463

TITLE D

NAME DELANEY DICK

STREET ADDRESS 128 D-1 LAKE PINA CIRCLE

CITY-ST-ZIP GREENACRES, FL. 33463

TITLE D

✓ ADDITION

NAME VENTURA JOSEPH

STREET ADDRESS 112 C-1 LAKE PINA CIRCLE

CITY-ST-ZIP GREENACRES, FL. 33463