

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751389

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

100 LAKE PINE CIRCLE  
GREEN ACRES CITY, FL 334635158

**New Principal Place of Business:**

**Current Mailing Address:**

100 LAKE PINE CIRCLE  
GREEN ACRES CITY, FL 334635158

**New Mailing Address:**

**FEI Number:** 59-2029767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESCHES, LARRY M PA  
525 S FLAGLER DR STE 200  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** COOKE, JOSEPH  
**Address:** 126 C-1 LAKE PINE CIRCLE  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** D  
**Name:** VENTURA, JOSEPH  
**Address:** 112 C1 LAKE PINE CIRCLE  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** VPD  
**Name:** LITOWSKY, BETTY ANNE  
**Address:** 111 A-1 LAKE PINE CIRCLE  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** PD  
**Name:** BUCZYNSKI, ROBERT  
**Address:** 104 C--2 LAKE PINE CR.  
**City-St-Zip:** GREEN ACRES, FL 33463

**Title:** D  
**Name:** WEINMUELLER, HANS  
**Address:** 124 A-2 LAKE PINE CIRCLE  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** TD  
**Name:** CUCCINELLI, ANTHONY  
**Address:** 129 D-1 LAKE PINE CIRCLE  
**City-St-Zip:** GREENACRES, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT BUCZYNSKI

P

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date