

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 26, 2005 8:00 am**  
**Secretary of State**

08-26-2005 90004 010 \*\*\*\*61.25

**DOCUMENT # 752837**

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



Principal Place of Business  
200 PINE HOV CIRCLE  
LAKE WORTH, FL 33463

Mailing Address  
200 PINE HOV CIRCLE  
LAKE WORTH, FL 33463

**50063623**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2083889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUTEN, DIANNE  
222 PINE HOV CIRCLE C1  
GREENACRES, FL 33463

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 *DIANNE TUTEN*

Signature, typed or printed name of registered agent and title if applicable.

*Dianne Tuten*

(NOTE: Registered Agent signature required when reinstating)

*8/24/05*

DATE

**Filing Fee is \$61.25**  
**Due by September 7, 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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, CHARLOTTE	
STREET ADDRESS	203 01 PINE HOV CIR.	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLANI, DOMINICK	
STREET ADDRESS	225 B1 PINE HOV CIRCLE	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARKES, WILLIAM	
STREET ADDRESS	227 C2 PINE HOV CIR.	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	2VPD SD	<input type="checkbox"/> Delete
NAME	TUTEN, DIANNE	
STREET ADDRESS	222 PINE HOV CIRCLE C1	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMBROSEIANO, VINCENT	
STREET ADDRESS	213 02 PINE HOV CIR.	
CITY-ST-ZIP	GREENACRES, FL 33463	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOSTMAN, MORRIS	
STREET ADDRESS	231-C1 PINE HOV CIR.	
CITY-ST-ZIP	GREENACRES, FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tursky, Norman	
STREET ADDRESS	230 B1 Pine Hov Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	12 V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sposato, Frank	
STREET ADDRESS	204 B1 Pine Hov Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiorini, Donald	
STREET ADDRESS	226 C1 Pine Hov Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pargola, Frank	
STREET ADDRESS	226 B1 Pine Hov Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whittier, Edward	
STREET ADDRESS	234 D2 Pine Hov Circle	
CITY-ST-ZIP	Greenacres, Fl. 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *DIANNE TUTEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dianne Tuten*

Date

Daytime Phone #

*8-24-05* *561-965 6827*