2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



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

1. Entity Name PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION,INC.								08-26-20	005 90004	010 ****6	51.25
200 PINE HOV CIRCLE 200			Mailing Address 200 PINE HOV CIRCLE LAKE WORTH, FL 33463				50063623				
2. Principal Pl	ace of Business	3. M	ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08152005	Chg-NP	CR2E0	37 (10/03)	
City & State			City & State				4. FEI Numbe 59-208	er		Ар	plied For
Zìp	Zip Country		Zip			Country		of Status Desire	d 🗆	\$8.75 Add	
	6. Name and Address	of Current Registe	ered Agent	<u> </u>	<u> </u>		7. Name and	Address of Nev	v Registered	•	J
					Name				3		
TUTEN, DIANNE 222 PINE HOV CIRCLE C1					Street A	ddress (P.O. Box Number is Not Acceptable)					
GREENAC	RES, FL 33463										
					City				FI	Zip Code	ə
	named entity submits this s ions of registered agent.	statement for the pu	irpose of changing it	s register	ed office o	r registere	ed agent, or bo	th, in the State of	f Florida. I am	n familiar with,	and accept
SIGNATURE .	DIANNE T	Tuter		Dis	Parl	1.11	ITIM)		8/3	4105	-
Oldiviti Olic 4	Signature, typed or printed name of re	egistered agent and title if	applicable. (NO	TE: Registere	ed Agent signat	ure required	when reinstating)		DATE		
	Signature, typed or printed name of refilling Fee is \$61.25 ue by September 7,	;	9. Election Ca Trust Fund	ımpaign f	inancing	ure required	\$5.00 May E Added to Fees			ck payable to	
	Filing Fee is \$61.25 ue by September 7,	;	9. Election Ca Trust Fund	ımpaign f	inancing		\$5.00 May E Added to Fees		lorida Depa	ertment of St	tate
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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.