



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90055 019 \*\*\*\*61.25

<b>DOCUMENT # 752837</b> 1. Entity Name PINE RIDGE SOUTH II CONDOMINIUM ASSOCIATION, INC.						<b>40050958</b>  	
Principal Place of Business 200 PINE HOV CIRCLE LAKE WORTH, FL 33463				Mailing Address 200 PINE HOV CIRCLE LAKE WORTH, FL 33463			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01212008    Chg-NP    CR2E037 (12/06)  4. FEI Number 59-2083889 <span style="float: right;">Applied For Not Applicable</span>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  TUTEN, DIANNE 222 PINE HOV CIRCLE C1 GREENACRES, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>			
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: <i>Dianne Tuten</i> <span style="float: right;">3/18/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V O'CONNOR, JACK 220 D1 PINE HOV CIR. GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, JACK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 D1 PINE HOV CIR GREENACRES, FL 33463				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANI, DOMINICK 225 B1 PINE HOV CIRCLE GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVF FIORINI, DONALD 226 C1 PINE HOV CIR GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKES, WILLIAM 227 C2 PINE HOV CIR. GREENACRES, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWELLYN, GAIL 235 D1 PINE HOV CIR GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUTEN, DIANNE 222 PINE HOV CIRCLE C1 GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCURIO, RALPH 219 D2 PINE HOV CIR GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMBROSEIANO, VINCENT 213 02 PINE HOV CIR. GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUTEN, DIANNE 222 C1 PINE HOV CIR GREENACRES, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SPOSATO, FRANK 204 B1 PINE HOV CIRCLE GREENACRES, FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURSKY, NORMAN 230 B1 PINE HOV CIR GREENACRES, FL 33463 <input type="checkbox"/> Change <input checked="" 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: <i>Dianne Tuten</i> <span style="float: right;">3/18/08    561-439-6449</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>							

(OVER)