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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748729 (1)

1. Corporation Name
PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3591 PINE NEEDLE LAKE WORTH FL 33463 3591 PINE NEEDLE LAKE WORTH FL 33463-3180

3. Date Incorporated or Qualified 08/30/1979 3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2001903 Applied For Not Applicable
22 Suite, Apt #, etc. 27 Suite, Apt #, etc. 5. Certificate of Status Desired [] \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BONNET, HARRY 5960 PINE CONE CT LAKE WORTH FL 33463
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCATURRO, GEORGE 3560 PINE NEEDLE DR LAKE WORTH FL	1.1 TITLE	[] Change [] Addition
NAME	SCATURRO, GEORGE	1.2 NAME	
STREET ADDRESS	3560 PINE NEEDLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D HERRICK, BONNIE 3530 PINE NEEDLE DRIVE LAKE WORTH, FL 3	2.1 TITLE	[] Change [] Addition
NAME	HERRICK, BONNIE	2.2 NAME	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 3	2.4 CITY-ST-ZIP	
TITLE	S GAUGHRAN, GRACE 3530 LAZY PINE WAY LAKE WORTH, FL 00000	3.1 TITLE	[] Change [] Addition
NAME	GAUGHRAN, GRACE	3.2 NAME	
STREET ADDRESS	3530 LAZY PINE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T MEYER, DOROTHY 3561 LONG PINE CT. LAKE WORTH, FL 3	4.1 TITLE	[] Change [] Addition
NAME	MEYER, DOROTHY	4.2 NAME	
STREET ADDRESS	3561 LONG PINE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 3	4.4 CITY-ST-ZIP	
TITLE	P BONNET, HARRY 5960 PINE CONE CT. LAKE WORTH FL	5.1 TITLE	[] Change [] Addition
NAME	BONNET, HARRY	5.2 NAME	
STREET ADDRESS	5960 PINE CONE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	D TOMASIELLO 3530 PINE NEEDLE DRIVE LAKE WORTH FL	6.1 TITLE	[] Change [] Addition
NAME	TOMASIELLO	6.2 NAME	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *HARRY BONNET* HARRY BONNET 1/24/97 561-967-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043883

CR2E037 (9/96)