

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3591 PINE NEEDLE LAKE WORTH FL 33463	Mailing Address 3591 PINE NEEDLE LAKE WORTH FL 33463
--	--

3. Date Incorporated or Qualified 08/30/1979	Applied For Not Applicable
4. FEI Number 59-2001903	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BONNET, HARRY
5960 PINE CONE CT
LAKE WORTH FL 33463**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCATURRO, GEORGE	
STREET ADDRESS	3560 PINE NEEDLE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRICK, BONNIE	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 3	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAUGHRAN, GRACE	
STREET ADDRESS	3530 LAZY PINE WAY	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MEYER, DOROTHY	
STREET ADDRESS	3561 LONG PINE CT.	
CITY-ST-ZIP	LAKE WORTH, FL 3	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BONNET, HARRY	
STREET ADDRESS	5960 PINE CONE CT.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMASIELLO	
STREET ADDRESS	3530 PINE NEEDLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBATO, JOSEPH	
1.3 STREET ADDRESS	5861 WHISPERING PINE WAY	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HINZE, EMILY	
2.3 STREET ADDRESS	3531 PINE TREE CT	
2.4 CITY-ST-ZIP	LAKE WORTH, FL 33463	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *[Signature]* **EMILY HINZE** **110** **FEBRUARY 20 1998** **561 917-7777**

CR2E037 (10/97)