

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90020 044 ****61.25

0054461

DOCUMENT # 748729

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2001903

Applied For

Not Applicable

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

SCATURRO, GEORGE
3591 PINE NEEDLE DR
LAKE WORTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
SCATURRO, GEORGE
 STREET ADDRESS **3560 PINE NEEDLE DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE Change Addition
 NAME **D**
SCATURRO, GEORGE
 STREET ADDRESS **3560 PINE NEEDLE DR**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Delete
 NAME **D**
BARBATO, JOSEPH
 STREET ADDRESS **5861 WHISPERING PINE WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
BURKE, MARY
 STREET ADDRESS **5960 PINE CONE CT**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME **P**
BURKE, MARY
 STREET ADDRESS **5960 PINE CONE CT.**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Delete
 NAME **S**
RADZIWANOWSKI, ANN
 STREET ADDRESS **3531 TALL PINE WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
SILVER, WARREN
 STREET ADDRESS **5931 WHISPERING PINE WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME **VP**
SILVER, WARREN
 STREET ADDRESS **5931 WHISPERING PINE WAY**
 CITY-ST-ZIP **GREENACRES, FL 33463**

TITLE Delete
 NAME **D**
FERRANTE, RICHARD
 STREET ADDRESS **5930 WHISPERING PINE WAY**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE Change Addition
 NAME **T**
FERRANTE, RICHARD
 STREET ADDRESS **5930 WHISPERING PINE WAY**
 CITY-ST-ZIP **GREENACRES, FL 33463**

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:

MARY C. BURKE **MARY C. BURKE** 3/21/01 561 967-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (10/00)