


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90110 020 ****61.25

DOCUMENT # 748729					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2001903			Applied For Not Applicable		
04062004 Chg-NP			CR2E037 (10/03)		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCALISE, FRANK 5861 WHISPERING PINE WAY 418 B2 GREEN ACRES, 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCALISE, FRANK	NAME	<i>D</i> <i>Marie Cwiklinski</i>		
STREET ADDRESS	5861 WHISPERING PINE WAY 418-B2	STREET ADDRESS	<i>5830 Whispering Pine Way</i>		
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	<i>414-01 Greenacres, Fl. 33463</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<i>not deleted</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINO, ANGELO	NAME			
STREET ADDRESS	5990 WHISPERING PINE WAY 409-B1	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<i>Dot Meyer</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKE, MARY	NAME	<i>3561 Long Pine Court</i>		
STREET ADDRESS	5960 PINE COVE CT 403-C1	STREET ADDRESS	<i>404-A1</i>		
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP	<i>Greenacres Fl. 33463</i>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RADZIWANOWSKI, ANN	NAME			
STREET ADDRESS	3531 TALL PINE WAY	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33463	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANNIX, DAN	NAME			
STREET ADDRESS	5861 WHISPERING PINE WAY 405-B2	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORONATO, MIKE	NAME			
STREET ADDRESS	5861 WHISPERING PINE WAY	STREET ADDRESS			
CITY-ST-ZIP	GREENACRES, FL 33463	CITY-ST-ZIP			
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: <i>Michael Coronato</i>			Date: <i>4/8/04</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					