

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748729

FILED
Mar 31, 2009
Secretary of State

Entity Name: PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3591 PINE NEEDLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

C/O C.A.M.S.
314 NE 3RD STREET
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-2001903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCALISE, FRANK
5861 WHISPERING PINE WAY 418 B2
GREEN ACRES, FL 33463 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CWIKLINKSI, MARIE
Address: 5830 WHISPERING PINE WAY #414C1
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: MARTINO, ANGELO
Address: 5990 WHISPERING PINE WAY 409-B1
City-St-Zip: GREENACRES, FL 33463

Title: S () Delete
Name: RADZIWANOWSKI, ANN
Address: 3531 TALL PINE WAY
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: MANNIX, DAN
Address: 5861 WHISPERING PINE WAY 405-B2
City-St-Zip: GREENACRES, FL 33463

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCALISE, FRANK
Address: 5861 WHISPERING PINE WAY 418-D2
City-St-Zip: GREENACRES, FL 33463

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: MEYER, DOROTHY
Address: 3561 LONG PINE COURT 404-A1
City-St-Zip: GREENACRES, FL 33463

Title: D () Change (X) Addition
Name: STUPPIELLO, JOSEPH
Address: 3530 PINE NEEDLE DRIVE 431-D2
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI MCKENZIE

BKPR

03/31/2009

Electronic Signature of Signing Officer or Director

Date