

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748729

FILED  
Mar 29, 2011  
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:**

C/O C.A.M.S.  
1037 STATE ROAD 7 SUITE 302  
WELLINGTON, FL 33414

**FEI Number:** 59-2001903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ED DICKER ESQ  
DICKER KRIVOK & STOLOFF P.A.  
1818 AUSTRALIAN AVE #400  
WEST PALM BEACH, FL 33409 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: P  
Name: DE SIMONE, PETER  
Address: 5801 WHISPERING PINE WAY #416-D1  
City-St-Zip: GREENACRES, FL 33463

Title: D  
Name: WINKLER, JIM  
Address: 5730 PINE WOOD DRIVE 434 A2  
City-St-Zip: GREENACRES, FL 33463

Title: S  
Name: RADZIWANOWSKI, ANN  
Address: 3531 TALL PINE WAY 432-D1  
City-St-Zip: LAKE WORTH, FL 33463

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

Title: VP  
Name: BARRETT, ALFRED  
Address: 5800 WHISPERING PINE WAY 415-D2  
City-St-Zip: GREENACRES, FL 33463

Title: T  
Name: BELCHER, RICHARD  
Address: 3560 PINE NEEDLE DRIVE 430-D2  
City-St-Zip: GREENACRES, FL 33463

I hereby 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 all other like empowered.

SIGNATURE: PETER DE SIMONE

P

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date