

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748729

FILED
Mar 19, 2012
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.
1037 STATE ROAD 7 SUITE 302
WELLINGTON, FL 33414

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:

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: T
Name: WINKLER, LAWRENCE
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: D
Name: MORTON, JAMES
Address: 3530 PINE TREE COURT D-1
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: D
Name: LEE, WALTER
Address: 3561 TALL PINE WAY B-1
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

03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date