

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90055 013 ****61.25

0011479

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number **59-2001903**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SCATURRO, GEORGE
3591 PINE NEEDLE DR
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent
Name **Frank Scalise**
Street Address (P.O. Box Number is Not Acceptable) **5861 Whispering Pine Way 41802**
City **Greenacres** FL Zip Code **33463**

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 *Angelo Martino* DATE **7/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SCATURRO, GEORGE 3560 PINE NEEDLE DR GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scalise, Frank 5861 Whispering Pine Way 41802 Greenacres, Fl. 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUJKINSKI, MARIE 5830 WHISPERING PINE WAY GREENACRES FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Angelo Martino 5990 Whispering Pine Way 40A-B1 Greenacres, Fl. 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKE, MARY 5960 PINE CONE CT GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Burke, Mary 5960 Pine Cone Ct 403-C1 Greenacres, Fl. 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RADZIWANOWSKI, ANN 3531 TALL PINE WAY LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERMENTE, RICHARD 5930 WHISPERING PINE WAY GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mannix, Dan 5960 Pine Cone Court 405-B2 Greenacres, Fl. 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCRELISE, FRANK 5861 WHISPERING PINE WAY GREENACRES FL 33463 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coronato, Mike 5831 Whispering Pine Way 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: *Angelo Martino* DATE **7/9/03** DAYTIME PHONE # **561-967-7727**

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)