

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 748729

**Entity Name:** PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3591 PINE NEEDLE  
GREENACRES, FL 33463

**Current Mailing Address:**

SEACREST SERVICES, INC.  
2101 CENTRE PARK WEST DR SUITE 110  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-2001903

**Certificate of Status Desired:** Yes

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

STOLOFF & MANOFF, P.A.  
STOLOFF & MANOFF P.A.  
1818 AUSTRALIAN AVE #400  
WEST PALM BEACH, FL 33409 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCARNATO, JOANNA  
Address        5930 WHISPERING PINE WAY # D2  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            VINCENT, MARGARET  
Address        3560 PINE TREE COURT, C1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            CHARLES , CICCARELLO  
Address        62 ASPEN DRIVE  
City-State-Zip: ATKINSON NH 03811

Title            VP  
Name            WRIGHT, RICHARD  
Address        3560 PINE TREE CT, D1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            CICCARELLO, CHARLES  
Address        3531 PINE NEEDLE DR, D1  
City-State-Zip: GREENACRES FL 33463

Title            TREASURER  
Name            SOUTHLAND-SMITH, LUCY  
Address        3560 PINE NEEDLE DRIVE  
                  C1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            FREDRICK, LONG  
Address        3561 PINE TREE CT  
                  #A1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            FURIO, ANTHONY  
Address        5960 PINE CONE CT  
                  #B2  
City-State-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:** VINCENT, MARGARET

**SECRETARY**

**09/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date