

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748729

**FILED**  
**Mar 09, 2018**  
**Secretary of State**  
**CC5573115958**

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

**Current Principal Place of Business:**

3591 PINE NEEDLE  
GREENACRES, FL 33463

**Current Mailing Address:**

FIRST SERVICE RESIDENTIAL, INC.  
6300 PARK OF COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**FEI Number:** 59-2001903

**Certificate of Status Desired:** No

**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

*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            WINKLER, LAWRENCE  
Address        5730 PINE WOOD DRIVE 434 A2  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            DI GIANVITTORIO, JANNINE  
Address        5990 WHISPERING PINE WAY C1  
City-State-Zip: LAKE WORTH FL 33463

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

Title            VP  
Name            MORTON, JAMES  
Address        3530 PINE TREE COURT C1  
                  426-D1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            KRONE, JAMES  
Address        5760 PINE WOOD DRIVE 429 B2  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            LEE, WALTER  
Address        3561 TALL PINE WAY 433 B1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            WRIGHT, RICHARD  
Address        3560 PINE TREE CT 425 D1  
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:** LAWRENCE WINKLER

**PRESIDENT**

**03/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date