

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748729

Entity Name: PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3591 PINE NEEDLE
LAKE WORTH, 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 DE SIMONE, PETER
Address 5801 WHISPERING PINE WAY #416-D1
City-State-Zip: GREENACRES FL 33463

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

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

Title VP
Name SHERIDAN, NANCY
Address 3530 PINE NEEDLE DR, C1
City-State-Zip: GREENACRES FL 33463

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

Title DIRECTOR
Name LEE, WALTER
Address 3561 TALL PINE WAY B-1
City-State-Zip: GREENACRES FL 33463

Title SECRETARY
Name DI GIANVITTORIO, JANNINE
Address 5990 WHISPERING PINE WAY C1
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: PETER DE SIMONE

PRESIDENT

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date