

**2024 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:**

PINE RIDGE IV CONDOMINIUM ASSOCIATION, INC.  
3591 PINE NEEDLE DRIVE  
WEST PALM BEACH, FL 33463 US

**FEI Number:** 59-2001903

**Certificate of Status Desired:** No

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

STOLOFF & MANOFF, P.A.  
STOLOFF & MANOFF P.A.  
1818 AUSTRALIAN AVE SOUTH  
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            VILLENEUVE, LEE A  
Address        5861 WHISPERING PINE WAY, C1  
City-State-Zip: GREENACRES FL 33463

Title            SECRETARY  
Name            GIANVITTORIO, JANNINE DI  
Address        5990 WHISPERING PINE WAY, C-1  
City-State-Zip: GREENACRES FL 33463

Title            VP  
Name            BELCHER, ISABEL ROGERS  
Address        5831 WHISPERING PINE WAY, C-2  
City-State-Zip: GREENACRES FL 33463

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

Title            TREASURER  
Name            SOUTHLAND-SMITH, LUCY T.  
Address        3560 PINE NEEDLE DRIVE, C-1  
City-State-Zip: GREENACRES FL 33463

Title            DIRECTOR  
Name            LEVIS, THOMAS W  
Address        3560 PINE TREE COURT, C-2  
City-State-Zip: GREENACRES FL 33465

Title            DIRECTOR  
Name            CAMARDA, PHIL  
Address        5831 WHISPERING PINE WAY  
City-State-Zip: GREENACRES FL 33465

*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:** LEE A. VILLENEUVE

**PRESIDENT**

**05/28/2024**

Electronic Signature of Signing Officer/Director Detail

Date