

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751389

**Entity Name:** PINE RIDGE SOUTH I CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**100 LAKE PINE CIRCLE  
GREEN ACRES, FL 33463-5158**Current Mailing Address:**100 LAKE PINE CIRCLE  
GREEN ACRES, FL 33463-5158**FEI Number:** 59-2029767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT RESOURCES  
4000 S.57TH AVENUE  
#101  
LAKE WORTH, FL 33463 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 DIRECTOR  
Name AMES , HORACE  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title DIRECTOR  
Name BETTERS, KEVIN JR  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title VP  
Name WENGENDER, MARY JO  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title PRESIDENT  
Name ANDRICK, JEAN  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title DIRECTOR  
Name MONDO, JOE  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title DIRECTOR  
Name BAKER, PAUL  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title TREASURER  
Name CONNORS, ANNE  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

Title DIRECTOR  
Name LITOWSKY, BETTY ANN  
Address 100 LAKE PINE CIRCLE  
City-State-Zip: GREEN ACRES FL 33463-5158

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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:** ANNE FERRY**SECRETARY****02/17/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SECRETARY
Name	FERRY, ANNE
Address	100 LAKE PINE CIRCLE
City-State-Zip:	GREEN ACRES FL 33463-5158