

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755990

Entity Name: PINE RIDGE SOUTH IV CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**400 PINE GLEN LANE
GREENACRES, FL 33463**Current Mailing Address:**400 PINE GLEN LANE
GREENACRES, FL 33463 US**FEI Number:** 59-2083894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BACKER, KEITH F
400 SOUTH DIXIE HIGHWAY, SUITE 420
BOCA RATON, FL 33432 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	GENTILE, GARY
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	TREASURER
Name	ENOS, DARRYL
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	SECRETARY
Name	DYROFF, GEORGE
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	VP
Name	CARDILLO, VINCENT
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	RUMORE, GAETANO
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	RICHARDS, MARY
Address	400 PINE GLEN LANE
City-State-Zip:	GREENACRES FL 33463

Title	DIRECTOR
Name	PIERO III, LOUIS
Address	400 PINE GLEN LANE
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: GARY GENTILE

PRESIDENT

02/13/2025

Electronic Signature of Signing Officer/Director Detail_____
Date