


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90114 022 ****61.25

DOCUMENT # N0400008281

1. Entity Name
PINE RIDGE AT SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3925 COCONUT PALM DR APT 117 TAMPA, FL 33619

Mailing Address
3925 COCONUT PALM DR APT 117 TAMPA, FL 33619

50054529



2. Principal Place of Business
2005 Pan Am Circle

3. Mailing Address
2005 Pan Am Circle

Suite, Apt. #, etc.
STE 750

Suite, Apt. #, etc.
STE 750

05172005 Chg-NP CR2E037 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **20-2963723** Applied For
 Not Applicable

Zip **33607** Country **USA**

Zip **33607** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THORSON, JEFFREY D
3925 COCONUT PALM DR APT 117
TAMPA, FL 33619

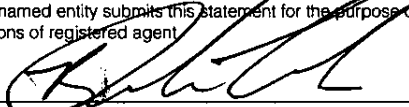
7. Name and Address of New Registered Agent

Name **Brian K. Lamb**

Street Address (P.O. Box Number is Not Acceptable)
2005 Pan Am Circle, STE 750

City **Tampa** FL Zip Code **33607**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **5/17/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, MARTIN M 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORSON, JEFFREY D 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JANSSEN, JASON P 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **5/23/05** DAYTIME PHONE # **813-627-9040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #