
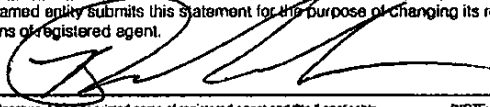
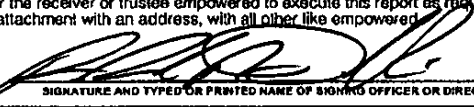


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90015 019 \*\*\*\*61.25

<b>DOCUMENT # N04000008281</b>			
<b>1. Entity Name</b> PINE RIDGE AT SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 2005 PAN AM CIRCLE STE 750 TAMPA, FL 33607		<b>Mailing Address</b> 2005 PAN AM CIRCLE STE 750 TAMPA, FL 33607	
<b>2. Principal Place of Business</b> 2002 N. LOIS AVE Suite, Apt. #, etc. STE 507		<b>3. Mailing Address</b> 2002 N LOIS AVE Suite, Apt. #, etc. STE 507	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33607	Country USA	Zip 33607	Country USA
<b>6. Name and Address of Current Registered Agent</b> LAMB, BRIAN K 2005 PAN AM CIRCLE, STE 750 TAMPA, FL 33607		<b>7. Name and Address of New Registered Agent</b> Name LAMB, BRIAN K. Street Address (P.O. Box Number is Not Acceptable) 2002 N. LOIS AVE STE 507 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  <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		DATE	
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RYAN, MARTIN M 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THORSON, JEFFREY D 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JANSSEN, JASON P 3925 COCONUT PALM DR APT 117 TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 8-30-06	
		Daytime Phone # 813-627-9040	

Richard Dombrowski