

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07298 (5)

PINE RIDGE AT LAKE TARPON VILLAGE III CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3360 ST ROAD 584 PALM HARBOR FL 34684
Mailing Address: 1700 McMULLEN BOOTH RD. SUITE C3 CLEARWATER FL 34619 US

3. Date Incorporated or Qualified: 01/24/1985
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2534830

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1700 McMullen Booth Rd, 22 Suite C-3, 23 Clearwater, Florida, 24 34619, 25 US
2a. Mailing Address: 26 Suite, Apt #, etc, 27 City & State, 28 Clearwater, Florida, 29 34619, 30 US

9. Name and Address of Current Registered Agent: HICKS, JOYCE M. C/O McMULLEN BOOTH RD, SUITE C3 1700 McMULLEN BOOTH RD., SUITE C3 CLEARWATER FL 34619

10. Name and Address of New Registered Agent: 81 Name: Leighton Kennard, 82 Street Address: closeboard robes Management Services, Inc, 83 1700 McMullen Booth Rd, Suite C3, 84 City: Clearwater, FL, 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Leighton Kennard* (DATE) 4-27-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEVIN, GERALD
STREET ADDRESS	3200 CHARTER CLUB DR D1
CITY, ST, ZIP	TARPON SPRINGS FL
TITLE	S
NAME	GRENLEY, NORMA
STREET ADDRESS	3200 CHARTER CLUB DR A1
CITY, ST, ZIP	TARPON SPRINGS FL
TITLE	D
NAME	PAGAN, JOHN
STREET ADDRESS	3200 CHARTER CLUB DR D2
CITY, ST, ZIP	TARPON SPRINGS FL
TITLE	TD
NAME	MANZO, ANTHONY
STREET ADDRESS	3021 STATE RD 590 #346
CITY, ST, ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	T/O	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D. Carlo, John	
43 STREET ADDRESS	8161 Charter Club Drive A803	
44 CITY, ST, ZIP	TARPON SPRINGS, FL 34689	
51 TITLE	P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D. Pilla, Ben	
53 STREET ADDRESS	3177 Charter Club Drive, D306	
54 CITY, ST, ZIP	TARPON SPRINGS, FL 34689	
61 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Carlin, Joseph	
63 STREET ADDRESS	3135 Charter Club Drive, F301	
64 CITY, ST, ZIP	TARPON SPRINGS, FL 34689	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Carlin V/O* (DATE) 4/26/95 937 7603