

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07298 (5)
1. Corporation Name
PINE RIDGE AT LAKE TARPON VILLAGE III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1700 MCMULLEN BOOTH RD STE C-3 CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH RD. SUITE C3 CLEARWATER FL 34619-2129 US
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3. Date Incorporated or Qualified 01/24/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2534830	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD
C/O SEABOARD ARBORS MGMT SVCS, INC
1700 MCMULLEN BOOTH RD., SUITE C3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUTHMAN, PETER		1.2 NAME Ronald Capone	
STREET ADDRESS 3203 CHARTER CLUB DR. #B310		1.3 STREET ADDRESS 3163 Chater Club Drive #B304	
CITY-ST-ZIP TARPON SPRINGS FL		1.4 CITY-ST-ZIP Tarpon Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUDLOW, RICHARD		2.2 NAME Reuben Sacks	
STREET ADDRESS 3165 CHARTER CLUB DR B305		2.3 STREET ADDRESS 3177 C Chater Club Drive	
CITY-ST-ZIP TARPON SPRINGS FL		2.4 CITY-ST-ZIP Tarpon Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEYES, HENRY		3.2 NAME Richard Figueroa	
STREET ADDRESS 3161 CHARTER CLUB DR B303		3.3 STREET ADDRESS 3180 A Charter Club Drive	
CITY-ST-ZIP TARPON SPRINGS FL		3.4 CITY-ST-ZIP Tarpon Springs, FL	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DICARLO, JOHN		4.2 NAME	
STREET ADDRESS 8161 CHARTER CLUB DRIVE A303		4.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIPILLA, BEN		5.2 NAME	
STREET ADDRESS 3177 CHARTER CLUB DRIVE, D-306		5.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLIN, JOSEPH		6.2 NAME	
STREET ADDRESS 3135 CHARTER CLUB DRIVE, F-301		6.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: John D. Carlo John D. Carlo 3/26/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0067196**