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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07298

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
 US

371159-90010-54 9



2. Principal Place of Business

21 Suite 2189 CLEVELAND STREET
 22 SUITE 225
 23 CLEARWATER, FL
 24 33765 US
 25 Zip

2a.

26 2189 CLEVELAND STREET
 27 SUITE 225
 28 CLEARWATER, FL
 29 33765 US
 30

3. Date Incorporated or Qualified

01/24/1985

4. FEI Number

59-2534830

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 N. 2189 CLEVELAND STREET
 82 St SUITE 225
 83 CLEARWATER, FL
 33765 US
 84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUTHMAN, PETER	
STREET ADDRESS	3203 CHARTER CLUB DR. #B310	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUDLOW, RICHARD	
STREET ADDRESS	3165 CHARTER CLUB DR B305	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEYES, HENRY	
STREET ADDRESS	3161 CHARTER CLUB DR B303	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DICARLO, JOHN	
STREET ADDRESS	8161 CHARTER CLUB DRIVE A303	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAPONE, RONALD	
STREET ADDRESS	3163 CHATER CLUB DRIVE, #B304	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SACKS, RUBEN	
STREET ADDRESS	3177 C CHATER CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FIGUEROA, RICHARD	
1.3 STREET ADDRESS	3180 CHARTER CLUB DR. #B313	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES, GERALD	
2.3 STREET ADDRESS	3135 CHARTER CLUB DR. #G301	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAPONE, RONALD	
3.3 STREET ADDRESS	3163 CHARTER CLUB DR. #B304	
3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WILBER, HUBERT	
5.3 STREET ADDRESS	3135 CHARTER CLUB DR. #E301	
5.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEVIN, GERALD	
6.3 STREET ADDRESS	3200 CHARTER CLUB DR. #D-01	
6.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required

3/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1/98)