

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90002 013 ****61.25

DOCUMENT # N07298

1. Entity Name

PINE RIDGE AT LAKE TARPON VILLAGE III CONDOMINIUM

Principal Place of Business

**2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765
 US**

Mailing Address

**2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765-3234
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2534830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD
 2189 CLEVELAND STREET
 SUITE 225
 CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIGUEROA, RICHARD	
STREET ADDRESS	3180 CHARTER CLUB DR., APT 313	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GERALD, JAMES	
STREET ADDRESS	3135 CHARTER CLUB DR., #G301	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPONE, RONALD	
STREET ADDRESS	3163 CHARTER CLUB DR., B304	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DICARLO, JOHN	
STREET ADDRESS	8161 CHARTER CLUB DRIVE A303	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILBER, HUBERT	
STREET ADDRESS	3135 CHARTER CLUB DR., E301	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN, GERALD	
STREET ADDRESS	3200 CHARTER CLUB DR., D-01	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE OF REGISTERED AGENT
 John Di Carlo 3/28/2000 (727) 466-0571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)