

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90004 017 ***150.00

DOCUMENT # N07298

1. Entity Name

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



Principal Place of Business

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD ALBARANO, CAROL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3185 CHARTER CLUB DRIVE # 307A TARPON SPRINGS FL 34688	
TITLE NAME	VP DELUCA, JOSEPH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3135B CHARTER CLUB DRIVE TARPON SPRINGS FL 34688	
TITLE NAME	SD CAPONE, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3163 CHARTER CLUB DR., B304 TARPON SPRINGS FL 34689	
TITLE NAME	TD DICARLO, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8161 CHARTER CLUB DRIVE A303 TARPON SPRINGS FL	
TITLE NAME	D WILBER, HUBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3135 CHARTER CLUB DR., E301 TARPON SPRINGS FL 34689	
TITLE NAME	D ALBARANO, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3185 CHARTER CLUB DR, #307A TARPON SPRINGS FL 34688	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D MAGNAVITA, DOMINIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3177 CHARGER CLUB DRIVE B306 TARPON SPRINGS, FL 34689	
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D HOOD, JEANETTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3151 CHARTER CLUB DR, A302 TARPON SPRINGS, FL 34689	
TITLE NAME	D GALTO, RAYMOND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3151 CHARTER CLUB DR, F302 TARPON SPRINGS, FL 34689	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/17/04