

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07298

FILED
Apr 15, 2011
Secretary of State

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

Current Principal Place of Business:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

Current Mailing Address:

2189 CLEVELAND STREET
SUITE 225
CLEARWATER, FL 33765 US

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

FEI Number: 59-2534830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BRUNELL, CHRISTINE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: SCHWARTZ, KIRK
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: RILEY, MARCIA
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: BROWNE, BOB
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: ALBARANO, FRANK
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: DELUCA, JOE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE BRUNELL

PD

04/15/2011

Electronic Signature of Signing Officer or Director

Date