FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N13683

(0)

PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM ASSOCIATION, INC.

ASSOCIATION, INC.								
Principal Plac	e of Business	Mailing Address				IRRA DIDAN DIDIN BRDIA DIBIN I	AARII AARII IVOI	
4800 MILE STRETCH		4800 MILE STRETCH						
P O BOX 3370		P O BOX 3370						
HOLIDAY FL 3 US	4030	HOLIDAY FL 34690-0370 US			 Date Incorporated or Qualified 03/04/1986 	3s. Date of Last R 05/01/19	eport 396	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	L Ar	oplied For	
21		26			65-0014689		ot Applicable	
Suite, Apt.		Sulte, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
City & State	0	City & State			6. Election Campaign Financing		May Be	
Z ip	Country	28	Countr	.,	Trust Fund Contribution		to Fees	
24	25 29		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Current				10. Name and Address of New Reg			
		***************************************	81	Name				
REIMER		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	ILE STRETCH			<u> </u>		· · · · · · · · · · · · · · · · · · ·		
HOLIDA	Y FL 34690		83					
	•		84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508, Florida Statutes	s, the abov	e-named	corporation submits this statement for the pu	roose of changing if	ts registered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 617.0503, Flor	ithorized b ida Statute	y the cor	poration's board of directors. I hereby accept	the appointment as	registered	
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							
	Signature, typod or printed name of registered ager		_	ent elgnature	a required when reinelating)	DATE		
12.	OFFICERS AND	OFFICERS AND DIRECTORS 13 DELETE 1.1			ADDITIONS/CHANGES TO OFFICE		Addition	
TITLE NAME	ALPEAU ARTHUR		1.1 TITLE			L_) Change	L] Addition	
STREET ADDRESS	ALAN ALIANDAN ALII A DORUG D		1.2 NAME 1.3 Street address					
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE	31 - EIF	SD	Change	☐ Addition	
NAME	KAHAN, HENRIETTA		2.2 NAME		85			
STREET ADDRESS	13103 CYPRESS HILL DR E1		2.3 STREET ADDRESS					
CITY - S1 - ZIP	HUDSON FL		2. 4 CITY - ST - ZIP					
TITLE	VD □ DELETE		3.1 TITLE			☐ Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS	·		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	HUDSON FL			ST-ZIP				
TITLE			4.1 TITLE		VD	L. Change	Addition	
NAME OFFICE ANDRESS			4. 2 NAME		Belfield Leslie	50		
STREET ADDRESS CITY+ST-ZIP	4410001 51		4.3 STREE	T ADDRESS	12218 Fox Chase Dr	UZ		
TITLE	TD			51-ZIP	Hudson FL 34669	☐ Change	Addition	
NAME	A		5.2 NAME		Richard Perseghin 12119 Suny Glen Lan		*	
STREET ADDRESS	13203 CYPRESS HILL DRIVE	A		T ADDRESS	Hudson FL 34669	וע פ		
CHTY - ST - ZIP	AMIDAANI EK		5.4 CITY-					
TITLE			6.1 TITLE	····· Tii · · · · ·		☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY - ST - ZIP			6.4 CITY-					
14. Ldo herel	by certify that the information supplied	with this filing does not qualify	for the ex	emption s	stated in Section 119 07/31/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 eath; 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-10-97

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FILED

Apr 16 1997 8:00am

Secretary of State