2001 UNIFORM BUSINESS REPORT (UBR) May 07, 2001 8:00 am Secretary of State DOCUMENT # **N13683** PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM 05-07-2001 90013 038 ****61.25 Principal Place of Business Mailing Address 13028 CYPRESS HILL DRIVE 13028 CYPRESS HILL DRIVE HUDSON FL HUDSON FL 3. COMMUNITY MANAGEMENT 2. Principal Place of Business COMMUNITY MANAGEMENT SERVICES, INC. Suite, Apt. SERVICES, INC. DO NOT WRITE IN THIS SPACE 8056 OLD C.R. 54 City & Si8056 OLD C.R. 54 NEWSTRORT RICHEY, FL 34654 FEI Number Applied For 65-0014689 NEW PORT RICHEY, FL 3465 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nancommunity Management Street Address (FSER) (mESis NN Cceptable) JOHNSON, KIM COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. 54 OityNEW PORT RICHEY, FL 34653 8406 MASSACHUSETTS AVE. SUITE B3 Zip Code **NEW PORT RICHEY FL 34653** 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DAnthony Timpone 13203 Slash Pre Dr TITLE Delete TITLE Change NAME RIBANDO, JOSEPH NAME STREET ADDRESS 13028 CYPRESS HILL DR STREET ADDRESS Hudson Pr 3469 CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** Michael Leverso 13215 Slash Pine Dr TITLE TITLE Delete NAME ROSSER, GORDON NAME STREET ADDRESS 12200 FOX CHASE DRIVE STREET ADDRESS Hudson FL 34669 CITY-ST-ZIP **HUDSON FL** CITY-ST-7IP Harry L Campbell TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME PERSEGHIN, RICHARD NAME 13110 Cypness HII Dr STREET ADDRESS 12119 SUNNY GLEN LANE STREET ADDRESS Hudson Fr 34669 CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date Daytime Phone #

Change

☐ Addition