

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 18 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *05-06*



E. F. Peterson JAN 18 2006
01102006 REIN-NP CR2E099 (11/05)

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| DOCUMENT # N13683 | | |
| 1. Entity Name PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM ASSOCIATION, INC. | | |

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| Principal Place of Business 8056 OLD CR 54 HUDSON, FL US | Mailing Address 8056 OLD CR 54 8056 OLD C.R. #34 HUDSON, FL US |
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| 2. Principal Place of Business 10730 U.S. 19 Suite, Apt. #, etc. Suite 17 | 3. Mailing Address 10730 U.S. 19 Suite, Apt. #, etc. Suite 17 |
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|---------------------------------|---------------------------------|
| City & State Port Richey, FL | City & State Port Richey, FL |
| Zip 34668 | Country Pasco |

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|---|--|---|--|
| 8. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD CR 54 NEW PORT RICHEY, FL 34653 | | 7. Name and Address of New Registered Agent Name Qualified Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 10730 U.S. 19 Suite 17 City Port Richey FL Zip Code 34668 | |
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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 *Joseph Ribando* (NOTE: Registered Agent signature required when reinstating) DATE 1/11/06

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE <input checked="" type="checkbox"/> P <input type="checkbox"/> Delete NAME RIBANDO, JOSEPH STREET ADDRESS 13028 CYPRESS HILL DR CITY-ST-ZIP HUDSON, FL -- | TITLE <input checked="" type="checkbox"/> PD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Ribando, Joseph STREET ADDRESS 10730 U.S. 19 Suite 17 CITY-ST-ZIP Port Richey, FL | | |
| TITLE <input checked="" type="checkbox"/> DV <input type="checkbox"/> Delete NAME TIMPONE, ANTHONY- STREET ADDRESS 13203 SLASH PINE DRIVE- CITY-ST-ZIP HUDSON, FL 34669- | TITLE <input type="checkbox"/> VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DeKeyser, John STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL | | |
| TITLE <input checked="" type="checkbox"/> T <input type="checkbox"/> Delete NAME PERSEGHIN, RICHARD STREET ADDRESS 12110 SUNNY GLEN LANE- CITY-ST-ZIP HUDSON, FL 34669- | TITLE <input type="checkbox"/> TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Stocker, Earl STREET ADDRESS 10730 U.S.19, Suite 17 CITY-ST-ZIP Port Richey, FL | | |
| TITLE <input checked="" type="checkbox"/> SB <input type="checkbox"/> Delete NAME LEVERSO, MICHAEL- STREET ADDRESS 13215 SLASH PINE DRIVE- CITY-ST-ZIP HUDSON, FL 34669- | TITLE <input type="checkbox"/> SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Carlberg, Donna STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL | | |
| TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> Delete NAME TERSON, AL STREET ADDRESS 13211 CYPRESS HILL DRIVE -- CITY-ST-ZIP HUDSON, FL 34669 -- | TITLE <input type="checkbox"/> D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Smith, Don STREET ADDRESS 10730 U.S. 19, Suite 17 CITY-ST-ZIP Port Richey, FL | | |
| TITLE <input type="checkbox"/> <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Joseph Ribando</i> STREET ADDRESS <i>000065566250</i> CITY-ST-ZIP <i>02/10/06 01019-018 **122.50</i> | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR