2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13683

FILED Mar 26, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 504
NEW PORT RICHEY, FL 34652

C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 100
NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 504
NEW PORT RICHEY, FL 34652

C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 100
NEW PORT RICHEY, FL 34652

FEI Number: 65-0014689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KELLEY, HELEN S
C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 504
NEW PORT RICHEY, FL 34652 US

KELLEY, HELEN S
C/O CREATIVE MANAGEMENT
6014 US HWY 19, STE 100
NEW PORT RICHEY, FL 34652 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: HELEN KELLEY 03/26/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: PETER, LARRY

Address: 6014 US HWY 19, STE 100 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VPD

Name: MENNA, LOUIS

Address: 6014 US HWY 19, STE 100 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TD

Name: CLEVER, JOAN

Address: 6014 US HWY 19, STE 100 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SD

 Name:
 GREENLAW, REGINALD

 Address:
 6014 US HWY 19, STE 100

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US

Title:

 Name:
 PARKER, WARREN

 Address:
 6014 US HWY 19, STE 100

 City-St-Zip:
 NEW PORT RICHEY, FL 34652 US

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: HELEN KELLEY MGR 03/26/2012