

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N13683																								
1. Entity Name PINE RIDGE AT SUGAR CREEK VILLAGE I CONDOMINIUM ASSOCIATION, INC.																								
Principal Place of Business COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. #34 HUDSON, FL US	Mailing Address COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD C.R. #34 HUDSON, FL US																							
2. Principal Place of Business 8056 Old Cr 34 <small>Suite, Apt. #, etc.</small>	3. Mailing Address 8056 Old Cr 34 <small>Suite, Apt. #, etc.</small>																							
City & State New Port Richey, FL	City & State New Port Richey FL	4. FEI Number 65-0014889 Applied For <input type="checkbox"/> Not Applicable																						
Zip 34663 Country US	Zip 34663 Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT SERVICES, INC. 8056 OLD CR 34 NEW PORT RICHEY, FL 34663		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																						
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 _____ (NOTE: Registered Agent's signature required when electing) <small>Registered, typed or printed name of registered agent and title (if applicable)</small> DATE																								
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																						
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> PD RIBANDO, JOSEPH 13028 CYPRESS HILL DR HUDSON, FL </td> <td style="width: 50%; text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> DV TIMPONE, ANTHONY 13203 SLASH PINE DRIVE HUDSON, FL 34669 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> TD PERSEGHIN, RICHARD 12119 SUNNY GLEN LANE HUDSON, FL 34669 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> SD LEVERSO, MICHAEL 13216 SLASH PINE DRIVE HUDSON, FL 34669 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> D TERSON, AL 13211 CYPRESS HILL DRIVE HUDSON, FL 34669 </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete </td> </tr> </table>	PD RIBANDO, JOSEPH 13028 CYPRESS HILL DR HUDSON, FL	<input type="checkbox"/> Delete	DV TIMPONE, ANTHONY 13203 SLASH PINE DRIVE HUDSON, FL 34669	<input type="checkbox"/> Delete	TD PERSEGHIN, RICHARD 12119 SUNNY GLEN LANE HUDSON, FL 34669	<input type="checkbox"/> Delete	SD LEVERSO, MICHAEL 13216 SLASH PINE DRIVE HUDSON, FL 34669	<input type="checkbox"/> Delete	D TERSON, AL 13211 CYPRESS HILL DRIVE HUDSON, FL 34669	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; text-align: right; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> _____ _____ _____ </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Joseph Ribando (President) 4/15/03</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>																								

CRRE037 (10/02)