

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90007 001 \*\*\*\*61.25



**DOCUMENT # N41994**

1. Entity Name

**PINE RIDGE VILLAS CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business

6000 MATANZAS DRIVE  
 SEBRING FL 33872  
 US

Mailing Address

3107 MONZA DR  
 SEBRING FL 33872  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3049813

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELMORE, B.R.  
 3107 MONZA DR  
 SEBRING FL 33872

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
 NAME CLAPP, LOWELL  
 STREET ADDRESS 4819 5TH AVE UNIT 1  
 CITY-ST-ZIP KENOSHA WI 53140

TITLE ~~VD~~  Delete  
 NAME ~~LUTTRELL, ROB~~  
 STREET ADDRESS ~~6 SUREY LN~~  
 CITY-ST-ZIP ~~PINE HURST NC 28347~~

TITLE SD  Delete  
 NAME SARTORELLI, DONALD  
 STREET ADDRESS P O BOX 123  
 CITY-ST-ZIP GAASTRA MI 49927

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~VD~~  Change  Addition  
 NAME FRANK MOHRER  
 STREET ADDRESS 6008 MATANZAS DR.  
 CITY-ST-ZIP SEBRING, FL 33872

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: Lowell Clapp  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

863-385-6053

Date

Daytime Phone #