

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90086 032 ****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**

50021669



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-3049813**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ELMORE, B.R.
3107 MONZA DR
SEBRING FL 33872**

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 signature required when reinstating)
DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME: GLAPP, LOWELL STREET ADDRESS: 4810 5TH AVE UNIT 1 CITY-ST-ZIP: KENOSHA WI 53140	<input type="checkbox"/> Delete
TITLE: VD NAME: MOHER, FRANK STREET ADDRESS: 6008 MATANZAS DR. CITY-ST-ZIP: SEBRING FL 33872	<input type="checkbox"/> Delete
TITLE: SD NAME: GARTORELLI, DONALD STREET ADDRESS: P.O. BOX 123 CITY-ST-ZIP: GAASTRA MI 49027	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____ NAME: WILLIAM SHERATT STREET ADDRESS: 2036 POW ST. CITY-ST-ZIP: OAKVILLE, ONTARIO CANADA L6H 3L3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: FRANK WOLFE STREET ADDRESS: 6004 MATANZAS DR CITY-ST-ZIP: SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: DREW FOX STREET ADDRESS: 6012 MATANZAS DR. CITY-ST-ZIP: SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul H. Fox* 02/25/05 863-471-6102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #