

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07298

**Entity Name:** PINE RIDGE AT LAKE TARPON VILLAGE III CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**3205922555CC****Current Principal Place of Business:**720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677**Current Mailing Address:**720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 US**FEI Number: 59-2534830****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SCANNAVINO, INC.  
720 BROOKER CREEK BLVD.  
SUITE 206  
OLDSMAR, FL 34677 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: DOMINICK SCANNAVINO****02/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	COFFEY, GAIL
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	SD
Name	RILEY, MARCIA
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	TD
Name	LOGUE, TRAVIS
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	D
Name	GALTO, RAY
Address	720 BROOKER CREEK BLVD. SUITE 206
City-State-Zip:	OLDSMAR FL 34677

Title	VICE PRESIDENT
Name	BONSEL, BRUCE
Address	720 BROOKER CREEK BLVD., SUITE 206
City-State-Zip:	OLDSMAR FL 34677

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: GAIL COFFEY****PRESIDENT****02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date