

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 018 ****61.25

DOCUMENT # 766517 1. Entity Name PINE RIDGE AT PALM HARBOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COMMUNITY MANAGEMENT CONCEPTS 1750 PINE RIDGE WAY W PALM HARBOR, FL 34684 US			Mailing Address C/O COMMUNITY MANAGEMENT CONCEPTS 1750 PINE RIDGE WAY W PALM HARBOR, FL 34684 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2419464	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COMMUNITY MANGEMENT CONCEPTS 4176 EAST BAY DRIVE SUITE 206 CLEARWATER, FL 34624				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 _____ Signatures, types or printed names of registered agent and CEO if applicable. (NOTE: Registered Agent signature required when relinquishing)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	AUGUSTO, JOSE		NAME	SAMUND HOUNS	
STREET ADDRESS	1882 PINERIDGE WAY W C-2		STREET ADDRESS	1870 PINE RIDGE WAY W. #B2	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP	PALM HARBOR, FL 341084	
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLER, SUSAN		NAME		
STREET ADDRESS	2686 PINE RIDGE WAY S D-2		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIUSTO, SALVATORE		NAME		
STREET ADDRESS	1724 PINE RIDGE WAY W. H-1		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	JOHN D'ALESSANDRO	☒ Change ☐ Addition
NAME	DICOSTANZO, FRANK		NAME	2077 PINE RIDGE WAY N. #E-3	
STREET ADDRESS	2676 PINE RIDGE WAY S #D		STREET ADDRESS	PALM HARBOR, FL 341084	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	JAMES H. L. BOCK	☐ Change ☐ Addition
NAME	DINOIA, FRANK		NAME	1751 PINE RIDGE WAY W. #A	
STREET ADDRESS	2855 PINE RIDGEWAY NORTH D-1		STREET ADDRESS	PALM HARBOR, FL 34684	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	VP JOHN JULIANO	☒ Change ☐ Addition
NAME	HONRYCHS, SIGMUND		NAME	2005 PINE RIDGE WAY N # D2	
STREET ADDRESS	1870 PINE RIDGE WAY W B-1		STREET ADDRESS	PALM HARBOR, FL 341084	
CITY-ST-ZIP	PALM HARBOR, FL 34684		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 718, Florida Statutes. I further certify that the information indicated on the 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 517, 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: <i>Frank D. Noia</i> FRANK DINOIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/07 (727) 786-1859 Date Daytime Phone #		