

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90018 011 \*\*\*\*61.25

<b>DOCUMENT # 766517</b> 1. Entity Name <b>PINE RIDGE AT PALM HARBOR CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																					
Principal Place of Business <b>C/O COMMUNITY MANAGEMENT CONCEPTS 1750 PINE RIDGE WAY W PALM HARBOR, FL 34684 US</b>			Mailing Address <b>C/O COMMUNITY MANAGEMENT CONCEPTS 1750 PINE RIDGE WAY W PALM HARBOR, FL 34684 US</b>																																																																																																																		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																			
City & State		City & State																																																																																																																			
Zip	Country	Zip	Country	4. FEI Number <b>59-2419464</b>																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																	
6. Name and Address of Current Registered Agent  <b>COMMUNITY MANGEMENT CONCEPTS 4175 EAST BAY DRIVE SUITE 205 CLEARWATER, FL 34624</b>				7. Name and Address of New Registered Agent  Name <b>KIRK BLISS</b> Str <b>CMC</b> <b>4175 East Bay Dr., Suite 205</b> City <b>Clearwater, FL 33764</b> 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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>3/06/08</b>  <small>DATE</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																	
<b>Make check payable to Florida Department of State</b>																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>VD HOUNCKS, SIGMUND</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1870 PINE RIDGE WAY W. #82</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>TD ALLER, SUSAN</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2686 PINE RIDGE WAY S D-2</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>D GIUSTO, SALVATORE</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1724 PINE RIDGE WAY W. H-1</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>D D'ALESSANDRA, JOHN</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2677 PINE RIDGE WAY N. #E-3</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>SD HELBOCK, JAMES</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1751 PALM RIDGE WAY E. NA</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>VP JULIANO, JOHN</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>2655 PINE RIDGE WAY N #D2</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td><b>P D HOUNCKS, SIGMUND</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>2686 PINE RIDGE WAY S, #B</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>D BURGEO, LOUIS</b></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>2655 PINE RIDGE WAY N, F-1</b></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>D'ALESSANDRO, JOHN</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>1751 PINE RIDGE WAY E, #A</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PALM HARBOR, FL 34684</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>VD</b></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	<b>VD HOUNCKS, SIGMUND</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1870 PINE RIDGE WAY W. #82</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Delete	NAME	<b>TD ALLER, SUSAN</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2686 PINE RIDGE WAY S D-2</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Delete	NAME	<b>D GIUSTO, SALVATORE</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1724 PINE RIDGE WAY W. H-1</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Delete	NAME	<b>D D'ALESSANDRA, JOHN</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2677 PINE RIDGE WAY N. #E-3</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Delete	NAME	<b>SD HELBOCK, JAMES</b>	<input type="checkbox"/>	STREET ADDRESS	<b>1751 PALM RIDGE WAY E. NA</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Delete	NAME	<b>VP JULIANO, JOHN</b>	<input type="checkbox"/>	STREET ADDRESS	<b>2655 PINE RIDGE WAY N #D2</b>		CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>		TITLE	NAME	Change	Addition		<b>P D HOUNCKS, SIGMUND</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>2686 PINE RIDGE WAY S, #B</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>D BURGEO, LOUIS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>2655 PINE RIDGE WAY N, F-1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>PALM HARBOR, FL 34684</b>				<b>D'ALESSANDRO, JOHN</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>1751 PINE RIDGE WAY E, #A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>PALM HARBOR, FL 34684</b>				<b>VD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	Delete																																																																																																																			
NAME	<b>VD HOUNCKS, SIGMUND</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>1870 PINE RIDGE WAY W. #82</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Delete																																																																																																																			
NAME	<b>TD ALLER, SUSAN</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>2686 PINE RIDGE WAY S D-2</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Delete																																																																																																																			
NAME	<b>D GIUSTO, SALVATORE</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>1724 PINE RIDGE WAY W. H-1</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Delete																																																																																																																			
NAME	<b>D D'ALESSANDRA, JOHN</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>2677 PINE RIDGE WAY N. #E-3</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Delete																																																																																																																			
NAME	<b>SD HELBOCK, JAMES</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>1751 PALM RIDGE WAY E. NA</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Delete																																																																																																																			
NAME	<b>VP JULIANO, JOHN</b>	<input type="checkbox"/>																																																																																																																			
STREET ADDRESS	<b>2655 PINE RIDGE WAY N #D2</b>																																																																																																																				
CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
TITLE	NAME	Change	Addition																																																																																																																		
	<b>P D HOUNCKS, SIGMUND</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
	<b>2686 PINE RIDGE WAY S, #B</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
	<b>D BURGEO, LOUIS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																		
	<b>2655 PINE RIDGE WAY N, F-1</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																		
	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
	<b>D'ALESSANDRO, JOHN</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
	<b>1751 PINE RIDGE WAY E, #A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
	<b>PALM HARBOR, FL 34684</b>																																																																																																																				
	<b>VD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 40%;">           SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR         </div> <div style="width: 30%; text-align: center;"> <b>11/4/08</b>  <small>Date</small> </div> <div style="width: 30%; text-align: center;"> <b>727-786-1859</b>  <small>Daytime Phone #</small> </div> </div>																																																																																																																					