

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 034 ****61.25

60025816



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2364216** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
2401 WESTBAY DR
SUITE 414
LARGO, FL 33770-1941

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 DAVIS, SIMON
STREET ADDRESS 1344 PINE RIDGE CR. EAST #F2
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE VPD ☒ Delete
NAME PENORO, SALVATORE
STREET ADDRESS 1207 PINE RIDGE CR. W #C1
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE TD ☐ Delete
NAME SALVIA, JAMES
STREET ADDRESS 1109 PINE RIDGE CR. WEST #C1
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE D ☐ Delete
NAME GRIFFIN, MILO
STREET ADDRESS 1261 PINE RIDGE CIRCLE WEST #C2
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE SD ☐ Delete
NAME LAWTON, JOHN
STREET ADDRESS 1100 PINE RIDGE CIR # F
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE D ☒ Delete
NAME ZLOCK, DOT
STREET ADDRESS 1225 PINE RIDGE CR. WEST #D2
CITY-ST-ZIP TARPON SPRINGS, FL 34688

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D. ☐ Change ☐ Addition
ALISON KEEP
1344 PINE RIDGE CIRCLE EAST #F1
TARPON SPRINGS FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V.P./D. ☒ Change ☐ Addition

P/D. ☒ Change ☐ Addition

S./D. ☐ Change ☒ Addition
JO-ANN DEVINE
139B PINE RIDGE CIRCLE EAST #B
TARPON SPRINGS FL 34688

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: *Jo-Ann Devine* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO-ANN DEVINE

4-6-06 727-934-1365


Date

Daytime Phone #

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 769509 1. Entity Name PINE RIDGE AT LAKE TARPON VILLAGE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1250 PINE RIDGE CIR E TARPON SPRINGS, FL 34688			Mailing Address 1250 PINE RIDGE CIR E TARPON SPRINGS, FL 34688		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04062006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2364216	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 2401 WESTBAY DR SUITE 414 LARGO, FL 33770-1941				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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: TD-Ann Devine SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-6-06 727-934-1365 Date Daytime Phone #		

60025816



TD-ANN DEVINE