



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State


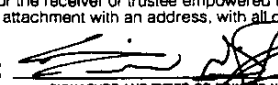
01-08-2007 90239 026 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2364216 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, PA 2401 WESTBAY DR SUITE 414 LARGO, FL 33770-1941			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D DAVIS, SIMON 1344 PINE RIDGE CR. EAST #F2 TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fitzgerald, MARCHA 1100 Pine Ridge Circle W. #101A TARPON SPRINGS FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEP, ALISON 1344 PINE RIDGE CIRCLE E #F1 TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEEP, ALISON 1344 Pine Ridge Circle E. #F1 TARPON SPRINGS FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALVIA, JAMES 1109 PINE RIDGE CR. WEST #C1 TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEBBARD, Douglas 1389 Pine Ridge Circle E. #130E TARPON SPRINGS FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, MILO 1261 PINE RIDGE CIRCLE WEST #C2 TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Griffin, Milo 1261 Pine Ridge Circle West #C2 TARPON SPRINGS FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWTON, JOHN 1100 PINE RIDGE CIR # F TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMLIN, MARY 1380 Pine Ridge Circle E. #132E TARPON SPRINGS FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVINE, JO-ANN 1398 PINE RIDGE CIRCLE E #B TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAND, STUART 1118 Pine Ridge Circle W. #E TARPON SPRINGS FL 34688 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: 		4 Jan 2007 727 943 5274			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

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ATTACHMENT

60000400

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City & State		City & State		4. FEI Number 59-2364216	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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SIGNATURE: 			5 Jan 2007 737.943.8274		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		