2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90239 026 ****61.25

1. Entity Name PINE RIDO	MENT # 769509 GE AT LAKE TARPON VILI INIUM ASSOCIATION, INC						
Principal Place of Business 1250 PINE RIDGE CIR E 1250 PINE RIDGE CIR E TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688					1510: Day 5010 1511	00400	11
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037 (12/0	06)
City & State		City & State		4. FEI Number 59-236421	16	<u> </u>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	□ \$8.75 Fee Rec	Additional puired
	6. Name and Address of Current	Registered Agent		7. Name and Add	tress of New R	Registered Agent	
			Name				
BECKER & POLIAKOFF, PA 2401 WESTBAY DR SUITE 414			Street Ad-	Street Address (P.O. Box Number is Not Acceptable)			
LARGO, FL	L 33770-1941		1	•			
			City	FL Zip Code			
the obligati	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or r	registered agent, or both, ir	the State of Flo	orida. I am familiar	with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signatur	re required when reststating)		DATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	····	npaign Financing	\$5.00 May Be Added to Fees	1	Aake check payal	
	Filing Fee is \$61.25	9. Election Car Trust Fund (npaign Financing	\$5.00 May Be	Flor	łake check payal rida Department	of State
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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 officer in the empowered.

SIGNATURE:

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

ATTACHMENT DOCUMENT # 769509 1. Entity Name 60000400 PINE RIDGE AT LAKE TARPON VILLAGE I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1250 PINE RIDGE CIR E 1250 PINE RIDGE CIR E TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 கு தெளியின் செர்க்கி (குட்டு வாட்டு (நாற நார நார வரசு மாம் (**பி. (ந**டி) 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E037 (12/06) Chg-NP Applied For City & State 4. FEI Number City & State 59-2364216 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, PA Street Address (P.O. Box Number is Not Acceptable) 2401 WESTBAY DR **SUITE 414** LARGO, FL 33770-1941 City 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete PENORO, SALVATORE 1207 Pire Ridge Circle W. #cl NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34688 Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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