# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT #769509**

1. Entity Name

PINE RIDGE AT LAKE TARPON VILLAGE I CONDOMINIUM ASSOCIATION, INC.



FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90068 012 \*\*\*\*61.25

Principal Place of Business 1250 PINE RIDGE CIR E	Mailing Address 1250 PINE RIDGE CIR E		400			
· · · · · · · · · · · · · · · · · · ·						
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		1 182     185   0   181   181   181   181   181			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01032008 Chg-NP	01032008 Chg-NP CR2E037 (12/06)		
City & State City & State			4. FEI Number         Applied For           59-2364216         Not Applicable			
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 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  Signature, typed or protect name of registered agent and title if applicable. (NOTE: Registered Agent agents or registered agents)  DATE						
	and the Pupperature.					
,g		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of St		
10. OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN	10	
TITLE SD  NAME FITZGERALD, MARTHA  STREET ADDRESS 1100 PINE RIDGE CIRCLE W. #  CITY-ST-ZIP TARPON SPRINGS, FL 34688	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITILE TD NAME KEEP, ALISON STREET ADDRESS 1344 PINE RIDGE CIRCLE E #F CITY-ST-ZIP TARPON SPRINGS, FL 34688	Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	DOT ZLOCK 1225 PINE RICKS TARPON SPAIRS	□ Change  CIR. W. # D2  FC 34688	Addition	
TITLE VPD  NAME HEBBARD, DOUGLAS  STREET ADDRESS 1389 PINE RIDGE CIRCLE E. #  CITY-ST-ZIP TARPON SPRINGS, FL 34688	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE PD  NAME GRIFFIN, MILO  STREET ADDRESS 1261 PINE RIDGE CIRCLE WES  CITY-ST-ZIP TARPON SPRINGS, FL 34688	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34688	Delete 132 E	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL ROBERTS 1151 PINE RINGE TARPON SPRINGS		Addition	
TITLE D NAME NOLAND, STUART STREET ADDRESS CITY-SI-ZIP TARPON SPRINGS, FL 34688  12.   hereby certify that the information supplied with		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOIAND, STUNE 1118 PINE RIDGE CIL TARPON SPRINGS F	4 34688	Addition	

Intereory certify that the information supplied with this filing does not quality 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.

GNATURE:

See 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.

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SIGNATURE: \_

SIGNATURE AND TYPE

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

### **ATTACHMENT DOCUMENT #769509** 1. Entity Name 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 01032008 CR2E037 (12/06) Applied For 4. FEI Number 59-2364216 City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKER & POLIAKOFF, PA Street Address (P.O. Box Number is Not Acceptable) 2401 WESTBAY DR SUITE 414 LARGO, FL 33770-1941 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition ☐ Change TITLE TIT1 F SAI PENOILO NAME NAME 1207 PINE RIUSE CIR W. #CI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPAINS FL 34688 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

727-937-8569