2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 769509

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

Current Principal Place of Business:

1250 PINE RIDGE CIR E
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

1250 PINE RIDGE CIR E
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-2364216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
2401 WESTBAY DR
SUITE 414
LARGO, FL 337701941 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	FITZGERALD, MARTHA	
Address:	1100 PINE RIDGE CIRCLE W. #101A	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	D	( ) Delete
Name:	ZLOCK, DOT	
Address:	1225 PINE RIDGE CIRCLE W. #D2	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	VPD	( ) Delete
Name:	HEBBARD, DOUGLAS	
Address:	1389 PINE RIDGE CIRCLE E. #130E	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	PD	( ) Delete
Name:	GRIFFIN, MILO	
Address:	1261 PINE RIDGE CIRCLE WEST #C2	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	D	( ) Delete
Name:	ROBERTS, AL	
Address:	1151 PINE RIDGE CIRCLE W. #G2	
City-St-Zip:	TARPON SPRINGS, FL 34688	
Title:	D	( ) Delete
Name:	NOLAND, STUART	
Address:	1118 PINE RIDGE CIRCLE W. NE	
City-St-Zip:	TARPON SPRINGS, FL 34688	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILO GRIFFIN PD 01/23/2009

Electronic Signature of Signing Officer or Director — Date