FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # N01095 (1)

1. Corporation Name

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

Principal Place of Business	Mailing Address
3165 LAKE PINE WAY TARPON SPRINGS FL 34689	3165 LAKE PINE WAY TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1984	3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2364225	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIBERTE MANAGEMENT GROUP INC.
10645 1ST STREET EAST
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

31 Name: Janis C. Tanner
32 Street Address (P.O. Box Number is Not Acceptable): 3165 LAKE PINE WAY
33
34 City: TARPON SPRINGS FL 35 Zip Code: 34689

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Janis C. Tanner, L.C.A.M. DATE: 2-1-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PAGANO, RICHARD A.	1.2 NAME	
STREET ADDRESS	1375 PINE GLEN LN. #E	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BOULANGER, LAWRENCE	2.2 NAME	MCGOVERN TIMOTHY
STREET ADDRESS	1433 PINE GLEN PL #F-1	2.3 STREET ADDRESS	1366 PINE GLEN LN #F
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	TARPON SPRINGS FL. 34689
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, VINCENT A.	3.2 NAME	
STREET ADDRESS	3153 LAKE PINE WAY B-2	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDRIOLA, ANTHONY	4.2 NAME	
STREET ADDRESS	3567 KENNEDY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	James MURPHY ☒ Change ☐ Addition
NAME	MCGOVERN, TIMONTHY	5.2 NAME	1377 SHADY PINE WAY #F
STREET ADDRESS	1366 PINE GLEN LN #F	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOSEPH	6.2 NAME	
STREET ADDRESS	3114 LAKE PINE WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A. Pagano PRES. 2-1-95 813-988-9582
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0068388