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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 346893165 LAKE PINE WAY
TARPON SPRINGS FL 34689-65073. Date Incorporated or Qualified
01/26/19843a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANNER, JANIS C
3165 LAKE PINE WAY
TARPON SPRINGS FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAGANO, RICHARD A.	
STREET ADDRESS	1375 PINE GLEN LN. #E	
CITY-ST-ZIP	TARPON SPRINGS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGOVERN, TIMOTHY	
STREET ADDRESS	1388 PINE GLEN LN #F	
CITY-ST-ZIP	TARPON SPRINGS FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSE, VINCENT A.	
STREET ADDRESS	3153 LAKE PINE WAY B-2	
CITY-ST-ZIP	TARPON SPRINGS FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JAMES	
STREET ADDRESS	1377 SHADY PINELANE #F	
CITY-ST-ZIP	TARPON SPRINGS FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	James Addison
4.4 CITY-ST-ZIP	3177 Lake Pine Way #F-2 Tarpon Springs, FL 34689

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDRIOLA, ANTHONY	
STREET ADDRESS	3153 LAKE PINE WAY E1	
CITY-ST-ZIP	TARPON SPRINGS FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOSEPH	
STREET ADDRESS	3114 LAKE PINE WAY	
CITY-ST-ZIP	TARPON SPRINGS FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T.D.
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: *Richard A. Pagano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/24/97
Date

Daytime Phone # 0069043

CR2E037 (9/96)