


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N01095 (1)</b>					
1. Corporation Name <b>PINE RIDGE AT LAKE TARPON VILLAGE II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3165 LAKE PINE WAY TARPON SPRINGS FL 34689</b>			Mailing Address <b>3165 LAKE PINE WAY TARPON SPRINGS FL 34689</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/26/1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-2364225</b>	
City & State <b>22</b>		City & State <b>27</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>23</b>		Country <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>24</b>		Country <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country <b>26</b>		Country <b>31</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>TANNER, JANIS C 3165 LAKE PINE WAY TARPON SPRINGS FL 34689</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	PAGANO, RICHARD A.				
STREET ADDRESS	1375 PINE GLEN LN. #E				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	MCGOVERN, TIMOTHY				
STREET ADDRESS	1366 PINE GLEN LN #F				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ROSE, VINCENT A.				
STREET ADDRESS	3153 LAKE PINE WAY B-2				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	ADDISON, JAMES				
STREET ADDRESS	3177 LAKE PINE WAY #F-2				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ANDRIOLA, ANTHONY				
STREET ADDRESS	3153 LAKE PINE WAY E1				
CITY-ST-ZIP	TARPON SPRINGS FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SULLIVAN, JOSEPH				
STREET ADDRESS	3114 LAKE PINE WAY				
CITY-ST-ZIP	TARPON SPRINGS FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	VP				
2.2 NAME	GLORIA GONZALEZ				
2.3 STREET ADDRESS	3113 LAKE PINE WAY				
2.4 CITY-ST-ZIP	TARPON SPRINGS 34689				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	TD				
4.2 NAME	JIM SHEA				
4.3 STREET ADDRESS	1377 SHADY PINE WAY #C				
4.4 CITY-ST-ZIP	TARPON SPRINGS 34689				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	DIRECTOR				
6.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

Richard Pagano 1/7/98 938-9582

CR2E037 (10/97)