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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01095

1. Corporation Name

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

Principal Place of Business

3165 LAKE PINE WAY
TARPON SPRINGS FL 34689

Mailing Address

3165 LAKE PINE WAY
TARPON SPRINGS FL 34689



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/26/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD
PAGANO, RICHARD A.
STREET ADDRESS 1375 PINE GLEN LN. #E
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ DELETE

NAME VD
MCGOVERN, TIMOTHY
STREET ADDRESS 1366 PINE GLEN LN #F
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME SD
ROSE, VINCENT A.
STREET ADDRESS 3153 LAKE PINE WAY B-2
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ DELETE

NAME D
ADDISON, JAMES
STREET ADDRESS 3177 LAKE PINE WAY #F-2
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME D
ANDRIOLA, ANTHONY
STREET ADDRESS 3153 LAKE PINE WAY E1
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☒ DELETE

NAME TD
SULLIVAN, JOSEPH
STREET ADDRESS 3114 LAKE PINE WAY
CITY-ST-ZIP TARPON SPRINGS FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GLORIA GONZALEZ
1300 LAKE PINE WAY
UNIT C
TARPON SPRINGS FL 34689

FRANK PEROTTI
3166 LAKE PINE WAY S
G2
TARPON SPRINGS FL 34689

JAMES Shea
1377 SHADY PINE WAY
UNIT C
TARPON SPRINGS FL 34689

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, with all other like empowered.

SIGNATURE:

Richard A. Pagano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)