FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 04, 2002 8:00 am **DOCUMENT # NO1095** Secretary of State 1. Entity Name PINE RIDGE AT LAKE TARPON VILLAGE II CONDOMINIUM 02-04-2002 90170 034 \*\*\*\*61 25 ASSOCIATION, INC. Principal Place of Business Mailing Address 3165 LÁKE PINE WAY 3165 LAKE PINE WAY TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2364225 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TANKEL, ROBERT L 1022 MAIN STREET SUITE D Zip Code City **DUNEDIN FL 34698** FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01)TITLE ☐ Delete TITLE Change ☐ Addition NAME ADDISON, JAMES NAME CR2E037 3177 LAKE PINE WAY #F-2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TARPON SPRINGS FL 34689** CITY-ST-ZIP TITLE TITLE ☐ Change ★★ Addition XX Delete George Morrison MCGOVERN, TIMOTHY NAME 1366 PINE GLEN LN #F STREET ADDRESS STREET ADDRESS 3161 Lake Pine Way S. #A-2 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL Tarpon Springs, Fl. 34688 ☐ Change Addition TITLE ☐ Delete TITLE Sec. PAGANO, RICHARD NAME NAME Sybil Slivka STREET ADDRESS 1375 PINE GLEN LA. #E STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL CITY-ST-ZIP 3134 Lake Pine Way #C-2 Tarpon Springs, Fl. 34688 Change TITLE TITLE ☐ Delete PEROTTI, FRANK NAME NAME STREET ADDRESS 3166 LAKE PIN WAY 5 STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CORSANO, VINCENT NAME NAME 3101 LAKE PINE WAY G1 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TD Change ☐ Addition TITLE Delete TITLE SHEA, JAMES NAME NAME STREET ADDRESS 1377 SHAOU PINE WAY/UNIT C STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP

12. It 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Signa