


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90036 045 ****61.25

DOCUMENT # N01095	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-2364225	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TANKEL, ROBERT L 1022 MAIN STREET SUITE D DUNEDIN FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, GEORGE <input checked="" type="checkbox"/> Delete 3161 LAKE PINE WAY S. #A-2 TARPON SPRINGS FL 34688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VICTOR PERNIOLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3177 LAKE PINE WAY #H-1 TARPON SPRINGS, FL. 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLIVKA, SYBIL <input type="checkbox"/> Delete 3134 LAKE PINE WAY #C-2 TARPON SPRINGS FL 34688	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGANO, RICHARD <input type="checkbox"/> Delete 1375 PINE GLEN LA. #E TARPON SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEROTTI, FRANK <input type="checkbox"/> Delete 3166 LAKE PIN WAY 5 TARPON SPRINGS FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORSAO, VINCENT <input type="checkbox"/> Delete 3101 LAKE PINE WAY G1 TARPON SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEA, JAMES <input type="checkbox"/> Delete 1377 SHAOU PINE WAY/UNIT C TARPON SPRINGS FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

James E. Shea

2/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #