

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90823 020 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2364225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADDISON, JAMES</b>	
STREET ADDRESS	<b>3177 LAKE PINE WAY #F-2</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SLIVKA, SYBIL</b>	
STREET ADDRESS	<b>3134 LAKE PINE WAY #C-2</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34688</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> Delete
NAME	<b>PAGANO, RICHARD</b>	
STREET ADDRESS	<b>1375 PINE GLEN LA. #E</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEROTTI, FRANK</b>	
STREET ADDRESS	<b>3166 LAKE PIN WAY 5</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CORSANO, VINCENT</b>	
STREET ADDRESS	<b>3101 LAKE PINE WAY G1</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SHEA, JAMES</b>	
STREET ADDRESS	<b>1377 SHAOU PINE WAY/UNIT C</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GEORGE MORRISON</b>	
STREET ADDRESS	<b>3161 Lake Pine Way S. #A-2</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34688</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES ADDISON</b>	
STREET ADDRESS	<b>3177 LAKE PINE WAY #F-2</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS, FL. 34688</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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 Addison, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03**

**727-938-9582**