

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90092 040 ****61.25

DOCUMENT # N03000003402

1. Entity Name
PINE RIDGE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12273 U.S. HWY 98
208
DESTIN, FL 32550

Mailing Address
12273 U.S. HWY 98
208
DESTIN, FL 32550

60025085



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1185079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, WALTER D
12273 U.S. HWY 98
STE 208
DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name **Jim Starnes**
Street Address (P.O. Box Number is Not Acceptable) **12273 U.S. Hwy 98, Suite 208**
City **Destin** FL Zip Code **32550**

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

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **P** ☐ Delete
NAME **MCCALLISTER, CHRISTINA**
STREET ADDRESS **5373 PINE RIDGE LN**
CITY-STATE-ZIP **DESTIN, FL 32550**

TITLE **VD** ☐ Delete
NAME **BURTON, H CLAY**
STREET ADDRESS **1700 MANHASSET PLACE**
CITY-STATE-ZIP **DUNWOODY, GA 30338**

TITLE **ST** ☐ Delete
NAME **LOONEY, LARRY**
STREET ADDRESS **129 COUNTRY CLUB DR WEST**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **3/12/07** **850-654-5355**
Date Daytime Phone #