## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	1990	

750627 DOCUMENT # 1. Corporation Name

(2)

PATIO HOMES OF PINE ISLAND RIDGE HOMEOWNERS ASSO CIATION, INC.								
Principal Plac	e of Business	Mailing Address				L YADARI SADIRI BIIILI BIIII BIIID DIBII	1001 010H 010H 010H 01	ON BION CHAN HAD
2130 ORANGE GROVE DR 2130 ORANGE GROVE DR FT. LAUDERDALE FL 33324-6949 FT. LAUDERDALE FL 33324 US								
						3. Date Incorporated or Qualified 01/16/1980	3a. Date of La:	st Report 1 <b>1995</b>
2. Principal Place of Business 2a. Mailing Address 25						4. FEI Number 59-2000433		Applied For
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					<del></del>	00 2000400		Not Applicable
22						<ol><li>Certificate of Status Desired</li></ol>		5 Additional Bequired
City & State City & State						6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution		led to Fees
Zφ	Country	Ζιρ	Coun	try		8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25 9. Name and Address of Curre	pt Pagistared Agent	30				Yes No	
	5. Name and Address of Care	nt negistered Agent		81	Name	10. Name and Address of New R	egistered Agent	
KAYE &	ROGER, P.A.		Ľ		- Tearne			
	CYPRESS CREEK RD		1	B2	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
SUITE 2			1	B3				
FT. LAU	IDERDALE FL 33324			_				
					City		F-1	ip Code
11. Pursuant	to the provisions of Sections 617.050;	2 and 617.1508, Florida Statu	tes, the above	e-nar	ned corpor	ration submits this statement for the purp		registered office
	ith, and accept the obligations of, Sec			rpora	ation's boai	ation submits this statement for the purp rd of directors. Thereby accept the appo	intment as registere	d agent. I am
SIGNATURE								
12	Signature, typed or printed name of registered agent			gent si	girlature reduire:	d when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		
NAME	LIMER, ESTELLE	Aperere	1.1 TITI				Change	Addition
STREET ADDRESS	2130 ORANGE GROVE DR		1.2 NAM					
CITY-ST-ZIP	FT. LAUDERDALE FL		1 3 STHEET ADDRESS					
TIFLE	TPD PD	DELFTE	2.4 UITY	1.4 CITY+ST-ZIP			Породо	- I Angeles
NAME	CONA, ROCCO		2 2 NAM				Change	☐ Addition
STREET ADDRESS	2130 ORANGE GROVE DR.		2 3 STRE		ORESS			
CITY - ST-ZIP	FT. LAUDERDALE FL		2 4 0111					1
TITUE	SD	DELETE	3 1 TITLE		-		Change	Addition
NAME	MILLER, SHARON	-	3.2 NAM	IF.			On any	
STREET ADDRESS			3.3 STRE	ET ADI	DRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CiTy	<u>(-\$</u> 1-2	ZIP			
TITLE	TD CLARON	DELETE	4 1 T. FLE	Ε			☐ Change	☐ Addition
NAME	SEDEN, SHARON		4 2 NAN	AE				ŀ
STREET ADDRESS	2130 ORANGE GROVE AVE.		4.3 STRE	ET AD:	DRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	Tos: srs	4.4 CITY		IP	7.00		
TITLE	VPD	DELETE	5.1 TITLE				☐ Change	Addition
NAME CIRCL LODDSON	ROSE GOORIN		5.2 NAM					
STREET ADDRESS	2130 ORANGE GRO	VE DR.	5 3 STHE		1			
CITY-ST-ZIP TITLE	<del>FTLAUDERDALE,</del>	FL DELETE	5.4 CITY		IP			
NAME	TD	<del></del>	6 1 TITLE				☐ Change	☐ Addition
STREET ADDRESS	GEORGE SCHIRO 2130 ORANGE GRO	VE DD	6.2 NAM(					ŀ
CITY-ST-ZIP	FT. LAUDERDALE,	VE DR.	6 3 STRE					
Un United		. + 41	6.4 CITY	- ST- ZI	IP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 954-472-1799
Daytone Priore #