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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT #

750627

(2)

FILED May 20 1997 8:00am Secretary of State

	HOMES OF PINE ISLAND I DN, INC.	ridge homeowners	ASSO						
Principal Place of Business		Mailing Address				T TO DEAY INDUIT MINIT ORALD DEFINE AFTER	1881 B1841 B11	III WIWII BABA	HDY BIDN ILLA
2130 ORANGE GROVE DR FT LAUDERDALE FL 33324-6949		2130 ORANGE GROVE DR. FT. LAUDERDALE FL 33324-6949 US				·			
						3. Date Incorporated or Qualified 01/16/1980	3a. Da	te of Last F 03/22/19	Report 196
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number 59-2000433		<u> </u>	oplied For of Applicable
Sulte, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	te	Cily & State				6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28	Countr	ry		1 Trust Fund Contribution 8. This corporation has liability for		tax under s	to Fees 199.032,
24	25		30				Yes L		
	9. Name and Address of Curren	r nafilsteten Wäeur	8	1 Name		10. Name and Address of New Re	yistered i	-Gent	
KAYE & ROGER, P.A. 1 1500 W CYPRESS CREEK RD			8:		Addre	ss (P.O. Box Number is Not Acceptat	ole)		
SUITE 207			8:	3					
FT. LAUDERDALE FL 33324			84	1 "			FL	'	Code
11. Pursuant office or i	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida, Such change was at	s, the about	ve-named by the con	corpo poratio	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of of the app	changing i ointment as	ts registered registered
signature									<u> </u>
12.	Signature, typed or printed name of registered ago OFFICERS AND	······································	Registered A	gent signature	e required	d when reinstating) ADDITtONS/CHANGES TO OFFICE	DATE	DIRECTO	DC IN 10
TITLE	TD OFFICERS AND	DELETE	1.1 TITLE	<u>D</u>	VT	CE PRESIDENT	ZENO AIVE	Change	Addition
NAME	SCHIRO, GEORGE		1.2 NAME			ELL, LYNN			
STREET ADDRESS	2130 ORANGE GROVE DRIVE		l l	ET ADDRESS		30 ORANGE GROVE	DRTVI	7	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-			LAUDERDALE, FL		3324	
TITLE	PD	DELETE	2.1 TITLE	Q		REASURER		☐ Change	Addition
NAME	CONA, ROCCO	•	2.2 NAM	: J	F	WIN, ROBERT			•
STREET ADDRESS	2130 ORANGE GROVE DR.		2.3 STRE	ET ADDRESS	1 2 1	20 OPANCE OBOVE	DRIV	Æ	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 DILY	- S1 - ZIP	F7	LAUDERDALE, FL	. 3	3324	
TITLE	PRESIDENT	DELETE	3.1 TITLE	D	SE	CRETARY	,	Change	Addition
NAME	MILLER, SHARON		3.2 NAM		FR	REITAS, SOLANGE			
STREET ADDRESS	FT. LAUDERDALE, FLORIDA		3.3 STRE	E1 ADDRESS	21	30 ORANGE GROVE	DRIVI	3	
CITY-ST-ZIP	FT. LAUDERDALE FL VPD	DELFTE	3.4. C(TY		- F 4	LAUDERDALE, FL	. 33	3324	Addition
TITLE		EXCLUDENT IN	4.1 TITLE		1	•		L Change	רייין אסטונוטח
NAME	I ANNOIN DAGE		4 5 41444	r	i				
OTOPPE AND DECC	GOORIN, ROSE		4. 2 NAM			:			İ
STREET ADDRESS	2130 ORANGE GROVE DRIVE		4.3 STRE	ET ADDRESS		:			İ
CITY-ST-ZIP		:	4.3 STRE	ET ADDRESS - St - ZIP		:		Change	Addition
CITY-ST-ZIP TITLE	2130 ORANGE GROVE DRIVE		4.3 STREE 4.4 CHY- 5.1 TITLE	ET ADDRESS - St - ZIP		:		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	2130 ORANGE GROVE DRIVE	:	4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS - ST- ZIP		:		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	2130 ORANGE GROVE DRIVE	:	4.3 STREE 4.4 CHY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS -ST-ZIP E ET ADDRESS		:		☐ Change	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	2130 ORANGE GROVE DRIVE	DELETE	4.3 STREF 4.4 CHY- 5.1 THLE 5.2 NAME 5.3 STREF 6.4 CHY-	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP		:			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	2130 ORANGE GROVE DRIVE	DELETE	4.3 STRE- 4.4 CHY- 5.1 THLE 5.2 NAME 5.3 STRE- 6.4 CHY- 6.1 THLE 6.2 NAME	ET ADDRESS - ST-ZIP E ET ADDRESS - ST-ZIP		:			

14. I do 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 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.

// CHARLEST IN ANTIBER OF

04-16-97

954-472-1799