

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91014 041 ****61.25

DOCUMENT # 750627

1. Entity Name

**PATIO HOMES OF PINE ISLAND RIDGE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**2130 ORANGE GROVE DR
FT LAUDERDALE FL 33324-6949**

Mailing Address

**2130 ORANGE GROVE DR.
FT. LAUDERDALE FL 33324
US**

54042359



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2000433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER& ASSOC. P.A.
112 ROSE DRIVE
FORT LAUDERDALE FL 33316**

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
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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **IRWIN, ROBERT**
CITY-ST-ZIP **2130 ORANGE GROVE DR
FT LAUDERDALE FL**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **MILLER, SHARON**
CITY-ST-ZIP **FT. LAUDERDALE, FLORIDA
FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **RYANT, SYLVIA**
CITY-ST-ZIP **2130 ORANGE GROVE DRIVE
FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **BOEHM, WILLIAM**
CITY-ST-ZIP **2130 ORANGE GROVE DRIVE
FORT LAUDERDAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

Kam Meed President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

954-472-1299

Daytime Phone #