

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90097 021 \*\*\*\*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**

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

**59-2000433**

Applied For

Not Applicable

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, 2005**

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	TD	<input checked="" type="checkbox"/> Delete
NAME	IRWIN, ROBERT	
STREET ADDRESS	2130 ORANGE GROVE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, SHARON	
STREET ADDRESS	FT. LAUDERDALE, FLORIDA	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RYANT, SYLVIA	
STREET ADDRESS	2130 ORANGE GROVE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOEHM, WILLIAM	
STREET ADDRESS	2130 ORANGE GROVE DRIVE	
CITY-ST-ZIP	FORT LAUDERDAL FL	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	FROGEL, ADAM	
STREET ADDRESS	2130 ORANGE GROVE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-11-05**

Date

**954-472-1799**

Daytime Phone #