

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 759746 (1)

1. Corporation Name

RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8900 S.W. 23RD STREET
P.O. BOX 290442
DAVIE FL 33329

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P.O. BOX 290442
DAVIE FL 33329

3. Date Incorporated or Qualified
08/21/1981

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2126103

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIVGIN, ROY P.
91488 S.W. 23RD ST
FT. LAUDERDALE FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BURTA, STANLEY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9157 C SW 20TH PLACE	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHUSTRIN, ROCKY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9126D S.W. 20TH PLACE	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD LIVGIN, ROY P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	91488 S.W. 23RD STREET	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD DUBNER, MARK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9102 S.W. 19TH PLACE	4.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D EDGAR, SONNY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9135A S.W. 20TH PLACE	5.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D ROSENBERG, ETHEL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9151C S.W. 23RD STREET	6.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

Date

Daytime Phone #

Roy P. Livgin Roy P. Livgin TD 5/10/96 (305) 473-4276

CR2E037 (12/95)