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FILED
Apr 30 1998 8:00am
Secretary of State



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

NONPROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # 759746 (1)

1. Corporation Name
RIDGWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 8900 S.W. 23RD STREET, P.O. BOX 280442, DAVIE FL 33329
Mailing Address: 8900 S.W. 23RD STREET, P.O. BOX 280442, DAVIE FL 33329

3. Date Incorporated or Qualified: 08/21/1981
4. FEI Number: 59-2126103
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
LIVIGNI, ROY P.
91488 S.W. 23RD ST
FT. LAUDERDALE FL 33324

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BURTA, STANLEY STREET ADDRESS: 9157 C SW 20TH PLACE CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD NAME: SHUSTRIN, ROCKY STREET ADDRESS: 9126D S.W. 20TH PLACE CITY-ST-ZIP: FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE: TD NAME: LIVIGNI, ROY P. STREET ADDRESS: 91488 S.W. 23RD STREET CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE: D NAME: BIRHANZL, EDWIN STREET ADDRESS: 9115-B SW 20TH CT CITY-ST-ZIP: FT. LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE: D NAME: EDGAR, SONNY STREET ADDRESS: 9135A S.W. 20TH PLACE CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE: D NAME: ROSENBERG, ETHEL STREET ADDRESS: 9151C S.W. 23RD STREET CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD 1.2 NAME: HAROOTUNIAN, GEORGE 1.3 STREET ADDRESS: 9125A SW 20TH PLACE 1.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: D 2.2 NAME: JEFF CARUSO 2.3 STREET ADDRESS: 9137C SW 20TH PLACE 2.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Roy Livigni* 4/24/98 (954) 473-4276

CR2E037 (10/97)