

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90098 003 ****61.25

0039283

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 759746

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

Principal Place of Business: 8900 S.W. 23RD STREET, P.O. BOX 290442, DAVIE FL 33329
 Mailing Address: 8900 S.W. 23RD STREET, P.O. BOX 290442, DAVIE FL 33329



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/21/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2126103	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIVIGNI, ROY P. 9148B 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROOTUNIAN, GEORGE	1.2 NAME	
STREET ADDRESS	9125A SW 20TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUSO, JEFF	2.2 NAME	ROBERTS, JACK
STREET ADDRESS	9137 C SW 20TH PLACE	2.3 STREET ADDRESS	9103B SW 19TH PLACE
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVIGNI, ROY P.	3.2 NAME	
STREET ADDRESS	9148B S.W. 23RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRHANZL, EDWIN	4.2 NAME	MARY CARLTON
STREET ADDRESS	9115-B SW 20TH CT	4.3 STREET ADDRESS	9152A SW 23RD STREET
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGAR, SONNY	5.2 NAME	GEORGE PRADO
STREET ADDRESS	9135A S.W. 20TH PLACE	5.3 STREET ADDRESS	9103ASW 19TH PLACE
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33324
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, ETHEL	6.2 NAME	
STREET ADDRESS	9151C S.W. 23RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ DATE: 3/05/99 (954) 473-4276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)