

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

0048474

05-14-2001 90223 027 ****61.25

DOCUMENT # 759746

1. Entity Name

RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCI

Principal Place of Business

Mailing Address

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

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

00000113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2126103

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

7. Name and Address of New Registered Agent

LIVIGNI, ROY P.
9148B S.W. 23RD ST
FT. LAUDERDALE FL 33324

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HAROOTUNIAN, GEORGE | |
| STREET ADDRESS | 9125A SW 20TH PLACE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33324 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DESKO, FRANK | |
| STREET ADDRESS | 9145 A SW 23RD STREET | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33329 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LIVIGNI, ROY P. | |
| STREET ADDRESS | 9148B S.W. 23RD STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MINETTI, BARBARA | |
| STREET ADDRESS | 9125-C SW 20TH PLACE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33329 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROSENBERG, ETHEL | |
| STREET ADDRESS | 9151C S.W. 23RD STREET | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (954) 473-4276
Date Daytime Phone #

CR2E037 (10/00)