

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90447 010 \*\*\*\*61.25

**DOCUMENT # 759746**

1. Entity Name

**RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~230 S.W. 23RD STREET~~  
~~P.O. BOX 290442~~  
~~DAVIE FL 33329~~

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2020 ORANGE GROVE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. LAUDERDALE, FL**

4. FEI Number **59-2126103**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33324**

**BROWARD**

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

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**

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**  Delete  
 NAME **HAROOTUNIAN, GEORGE**  
 STREET ADDRESS **9125A SW 20TH PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

TITLE **PD**  Change  Addition  
 NAME **BENNETT, GILBERT**  
 STREET ADDRESS **9109B SW 20TH STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33324**

TITLE **VD**  Delete  
 NAME **DESKO, FRANK**  
 STREET ADDRESS **9145 A SW 23RD STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33329**

TITLE **VD**  Change  Addition  
 NAME **KRISHBAUM, MARY**  
 STREET ADDRESS **9126D SW 20TH PLACE**  
 CITY-ST-ZIP **FT. LAUDERDALE, FL. 33324**

TITLE **TD**  Delete  
 NAME **LIVIGNI, ROY P.**  
 STREET ADDRESS **9148B S.W. 23RD STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

Change  Addition

TITLE **SD**  Delete  
 NAME **MINETTI, BARBARA**  
 STREET ADDRESS **9125-C SW 20TH PLACE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33329**

Change  Addition

TITLE **D**  Delete  
 NAME **ROSENBERG, ETHEL**  
 STREET ADDRESS **9151C S.W. 23RD STREET**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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: *Roy Livigni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/11/02* (954) 473-4576  
 Date Daytime Phone #

CR2E037 (9/01)