


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90020 012 ****61.25

DOCUMENT # 759746

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



Principal Place of Business
 2020 ORANGE GROVE DR
 FORT LAUDERDALE, FL 33324

Mailing Address
 C/O BECKER MANAGEMENT INC.
 P.O. BOX 24756
 FT LAUDERDALE, FL 33307-4756

54025250



2. Principal Place of Business

3. Mailing Address
 C/O SUNRAE MANAGEMENT SVC
 Suite, Apt. #, etc.
 7071 W COMMERCIAL BLVD., #2B

03252004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

City & State
 TAMARAC, FL

Zip Country
 33319 USA

4. FEI Number
 59-2126103

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHOTTENFELD, DAVID J ESQ.
 7520 N.W. 5TH STREET, #203
 PLANTATION, FL 33317

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, GILBERT	
STREET ADDRESS	9109B SW 20TH ST	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRISHBAUM, MARY	
STREET ADDRESS	9126D SW 20TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LIVIGNI, ROY P.	
STREET ADDRESS	9148B S.W. 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MINETTI, BARBARA	
STREET ADDRESS	9125-C SW 20TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33329	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE GREY	
STREET ADDRESS	9156B SW 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE ROEGGE	
STREET ADDRESS	9151A SW 23RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOFSHEVER, JOEL	
STREET ADDRESS	9117B SW 20th COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04 Date
 954/476-2647 Daytime Phone #