


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90235 047 ****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.
 7071 WD. COMMERCIAL BLVD #2B
 FORT LAUDERDALE, FL 33319**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4000



01092006 - Chg-NP CR2E037 (11/05)

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	ROEGGE, MIKE	
STREET ADDRESS	9051A SW 23RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MINETTI, BARBARA	
STREET ADDRESS	9125C SW 20TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOFSHEVER, JOEL	
STREET ADDRESS	9117B SW 20TH CT.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KEIZS, BEVERLY	
STREET ADDRESS	9144C SW 20TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROEGGE, MIKE	
STREET ADDRESS	9051A SW 23RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOFSHEVER, JOEL	
STREET ADDRESS	9117B SW 20TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA DEATON	
STREET ADDRESS	9142D SW 23 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE GRAY	
STREET ADDRESS	9146C SW 23 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLELM BAQUERIO	
STREET ADDRESS	9143C SW 23 STREET	
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 exemptions contained in Chapter 119, 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: Barbara Deaton - Barbara Deaton 4246 (954) 73-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #