


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 010 ****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 935117 MARGATE, FL 33093-5117 20 <i>C/O PHOENIX Mgmt</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>4800 N. STATE RD. 7</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i># E-105</i>	
City & State		City & State <i>LAUDERDALE LKS, FL.</i>	
Zip	Country	Zip	Country
		<i>33319</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER, BLAIR R 0821200 310 S.W. 66TH TERRACE MARGATE, FL 33068		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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOFSHEVER, JOEL	NAME	
STREET ADDRESS	9117B SW 23 COURT	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINETTI, BARBARA	NAME	
STREET ADDRESS	9125C SW 20TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RHODA	NAME	
STREET ADDRESS	9139D SW 23 STREET	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DEBBIE	NAME	
STREET ADDRESS	9146 C SW 23RD ST	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESKO, FRANK	NAME	
STREET ADDRESS	9145A SW 23 STREET	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Debbie Gray</i>		Date: <i>3/6/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
<i>DEBBIE GRAY</i>			

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03052008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2126103 Applied For Not Applicable

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