

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 17, 2008
Secretary of State**

DOCUMENT# 759746

Entity Name: RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4800 N. STATE ROAD 7 - SUITE 105
LAUDERDALE LAKES, FL 33319**New Principal Place of Business:****Current Mailing Address:**4800 N. STATE ROAD 7 - SUITE 105
LAUDERDALE LAKES, FL 33319**New Mailing Address:**

FEI Number: 59-2126103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GOLDBERG, SHELDON
4800 N. STATE ROAD 7 - SUITE 105
LAUDERDALE LAKES, FL 33319 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: VPD () Delete
Name: BOFSHEVER, JOEL
Address: 9117B SW 23 COURT
City-St-Zip: DAVIE, FL 33324Title: SD () Delete
Name: MINETTI, BARBARA
Address: 9125C SW 20TH PLACE
City-St-Zip: DAVIE, FL 33324Title: SD () Delete
Name: JOHNSON, RHODA
Address: 9139D SW 23 STREET
City-St-Zip: DAVIE, FL 33324Title: PD () Delete
Name: GRAY, DEBBIE
Address: 9146 C SW 23RD ST
City-St-Zip: DAVIE, FL 33324Title: D () Delete
Name: DESKO, FRANK
Address: 9145A SW 23 STREET
City-St-Zip: DAVIE, FL 33324**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: MINETTI, BARBARA
Address: 9125C SW 20TH PLACE
City-St-Zip: DAVIE, FL 33324Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD (X) Change () Addition
Name: GOODMAN, GERALD
Address: 9130A SW 20 PLACE
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE GRAY

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date