


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90238 026 \*\*\*\*61.25

**DOCUMENT # 759746**

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



Principal Place of Business  
**8900 S.W. 23RD STREET  
P.O. BOX 290442  
DAVIE FL 33329**

Mailing Address  
**2020 ORANGE GROVE DRIVE  
FORT LAUDERDALE FL 33324**

2. Principal Place of Business  
**2020 Orange Grove Dr.**

3. Mailing Address  
**40 Bedale Mgmt, Inc  
P.O. Box 24756**

Suite, Apt. #, etc.  
**P.O. Box 24756**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33324**

Country  
**USA**

Zip  
**33307-4756**

Country  
**USA**

4. FEI Number **59-2126103**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LIVIGNI, ROY P.  
9148B S.W. 23RD ST  
FT. LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name **BLAIR R. BECKER**

Street Address (P.O. Box Number is Not Acceptable)  
**2175 N.E. 56 ST. #114**

City **Fort Lauderdale** FL Zip Code **33308**

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 *Blair R. Becker* DATE **1-13-2003**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BENNETT, GILBERT</b>	
STREET ADDRESS	<b>9109B SW 20TH ST</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33324</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>KRISHBAUM, MARY</b>	
STREET ADDRESS	<b>9126D SW 20TH PLACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33324</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>LIVIGNI, ROY P.</b>	
STREET ADDRESS	<b>9148B S.W. 23RD STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>MINETTI, BARBARA</b>	
STREET ADDRESS	<b>9125-C SW 20TH PLACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33329</b>	
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		<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		
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: *Gilbert Bennett, President* DATE: **1-13-03** TELEPHONE: **954-492-0151**

CR2E037 (10/02)