

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-07-2001 90184 035 ****61.25

DOCUMENT # 750627

1. Entity Name

PATIO HOMES OF PINE ISLAND RIDGE HOMEOWNERS ASSO

Principal Place of Business

2130 ORANGE GROVE DR
 FT LAUDERDALE FL 33324-6949

Mailing Address

2130 ORANGE GROVE DR.
 FT. LAUDERDALE FL 33324
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2000433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
1500 W CYPRESS CREEK RD
SUITE 207
FT. LAUDERDALE FL 33324

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BELL, LYNN 2130 ORANGE GROVE DR FT LAUDERDALE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TREASURER IRWIN, ROBERT 2130 ORANGE GROVE DR FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PRESIDENT MILLER, SHARON FT. LAUDERDALE, FLORIDA FT. LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRETAS, SOLANGE 2130 ORANGE GROVE DR FT LAUDERDALE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SECRETARY RYANT, SYLVIA 2130 ORANGE GROVE DRIVE FT. LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE PRESIDENT WILLIAM BOEHM 2130 ORANGE GROVE DRIVE	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: SHARON MILLER **SIGNATURE REQUIRED** **01-26-01** **954-472-1799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)