

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725881

Entity Name: PINE ISLAND RIDGE CONDOMINIUM F ASSOCIATION, INC.**Current Principal Place of Business:**9420 LIVE OAK PLACE
DAVIE, FL 33324**Current Mailing Address:**9420 LIVE OAK PLACE
DAVIE, FL 33324 US**FEI Number:** 59-1594729**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZ, STEVEN B ESQ.
KUBICKI DRAPER, PA
ONE EAST BROWARD BLVD. SUITE 1600
FORT LAUDERDALE, FL 33301 US*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:** STEVEN KATZ

04/17/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name GRECO, COLLEEN
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, VP
Name REGAN, DENISE
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, TREASURER
Name GURKIN, DEBRA
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR, SECRETARY
Name NOWICKI, TRISH
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name BROOKS, SUSAN
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name HAMILTON, WILLIAM
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name GREEN, KIRSTEN
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name GREEN, KIRSTEN
Address 9420 LIVE OAK PLACE
City-State-Zip: DAVIE FL 33324

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN GRECO

PRESIDENT

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date