

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 725881

**FILED**  
**Apr 17, 2015**  
**Secretary of State**  
**CC1303250203**

**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