

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750627

Entity Name: PATIO HOMES OF PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2130 ORANGE GROVE DR
DAVIE, FL 33324-6949**Current Mailing Address:**631 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060**FEI Number: 59-2000433****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TUCKER & TIGHR, P.A.
800 E. BROWARD BLVD.
STE 710
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	BULLMAN, JASON
Address	2130 ORANGE GROVE DR
City-State-Zip:	DAVIE FL 33324-6949

Title	D
Name	FREITAS, SOLANGE
Address	2130 ORANGE GROVE DR
City-State-Zip:	DAVIE FL 33324-6949

Title	S
Name	RYANT, SYLVIA
Address	2130 ORANGE GROVE DRIVE
City-State-Zip:	DAVIE FL 33324-6949

Title	PD
Name	MILLER, SHERRY
Address	2130 ORANGEGROVE DR
City-State-Zip:	DAVIE FL 33324-6949

Title	D
Name	MOORE, DEBORAH
Address	2130 ORANGE GROVE DR
City-State-Zip:	DAVIE FL 33324-6949

Title	VP
Name	PHARRIS, ANN
Address	2130 ORANGE GROVE DR
City-State-Zip:	DAVIE FL 33324-6949

Title	TREASURER
Name	SCOTT, NANCY
Address	8940B SW 20 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: SHERRY MILLER**PRESIDENT****04/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date