

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N18466

**Entity Name:** OAK KNOLL II AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 16, 2019**  
**Secretary of State**  
**8179439345CC**

**Current Principal Place of Business:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

**FEI Number: 65-0039075**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 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:** ANGELA FIORE

05/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/TR  
Name SILVERMAN, PAMELA  
Address WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title P/VP  
Name O'CONNOR, BRIAN  
Address WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT  
Name THIBIDEAU, JOHN  
Address WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
City-State-Zip: PLANTATION FL 33317

*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:** JOHN THIBIDEAU

**PRESIDENT**

05/16/2019

Electronic Signature of Signing Officer/Director Detail

Date