2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#728446

FILED Apr 14, 2009 Secretary of State

Entity Name: PINE ISLAND RIDGE CONDOMINIUM B ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
9430- A TA DAVIE, FL	NGERINE PL 33324				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
9430- A TA DAVIE, FL	NGERINE PL 33324				
FEI Number:	59-1838717	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET, STE 300 BOCA RATON, FL 33487 US			300 71ST NE STE	STOLAR, LEONARD U 300 71ST NE STE 540 NORTH MIAMI, FL 33141 US	
	named entity : of Florida.	submits this statement for th	e purpose of changing its register	ed office or registered agent, or both,	
SIGNATUF	RE: DARLEN	E F. ORTIZ		04/14/2009	
	Electror	nic Signature of Registered A	Agent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ORTIZ, DARLE	NE PL UNIT 201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LABARBIERA,	NE PLACE UNIT 407	Title: D Name: EDWARD: Address: 9480 TAN: City-St-Zip: DAVIE, FL	GERINE PLACE UNIT 102	
Title: Name: Address: City-St-Zip:	LEW, EILEEN	Delete NE PLACE UNIT 107 24	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEYEDKAZEM	NE PLACE UNIT 402	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PADUANO, JOS	NE PLACE UNIT 102	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIFRIERI, LOU	NE PLACE UNIT 407	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARLENE ORTIZ P 04/14/2009