

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 048 ****61.25

DOCUMENT # 753010

1. Entity Name

THE GARDENS AT PINE ISLAND RIDGE, INC.



Principal Place of Business

Mailing Address

9360 SW 23RD STREET
FT. LAUDERDALE FL 33324

9360 SW 23RD STREET
FT. LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2058717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HODES, STUART
9361 SW 23 STREET
FORT LAUDERDALE FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stuart A. Hodes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/05

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	HODES, STUART	
STREET ADDRESS	9361 SW 23 STREET #3203	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE	Treasurer (co)	<input type="checkbox"/> Delete
NAME	RUBIN, BERNARD	
STREET ADDRESS	2120 SW 93 WAY #1401	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	KANAPLUE, JACK	
STREET ADDRESS	9321 SW 23 STREET #3602	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	CS	<input checked="" type="checkbox"/> Delete
NAME	DAPAS, JOHN	
STREET ADDRESS	2131 SW 92 TERR. #1603	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	Corporate Secretary	<input type="checkbox"/> Delete
NAME	SIMON, MARVIN	
STREET ADDRESS	2120 SW 92 TERRACE # 2903	
CITY-ST-ZIP	FORT LAUDERDALE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME	SILLIVNAM, PAUL	
STREET ADDRESS	2140 SW 94 TERR. #1203	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	

TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Nelson	
STREET ADDRESS	9350 SW 23 STREET # 4403	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Pmson	
STREET ADDRESS	2100 SW 92 TERR # 3101	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pedro, JULIUS	
STREET ADDRESS	2130 SW 94 TERR # 304	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schnafani, FRANK	
STREET ADDRESS	2250 SW 92 TERR # 2302	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Silliman, Paul, JR	
STREET ADDRESS	2140 SW 94 TERR # 203	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33324	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stuart A. Hodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

954-885-0791

Daytime Phone #