2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

| DOCUMENT # 753010 1. Entity Name THE GARDENS AT PINE ISLAND RIDGE, INC. | | | | | | 02-12-2007 | 90081 003 | ****61 | 1.25 |
|--|---|--------------------|--|--|---|--|---|---|--|
| Principal Place of Business 9360 SW 23RD STREET FT. LAUDERDALE, FL 33324 Mailing Address 9360 SW 23RD STREET FT. LAUDERDALE, FL 33324 FT. LAUDERDALE, FL 33 | | | | | đươi | 3013 | | | |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Add | ress | <u> </u> | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. | Suite, Apt. #, etc. | | | Chg-NP | CR2E037 (1 | 12/06) | |
| City & State | | City & State | | | 4. FEI Number 59-20587 | 17 | | | olied For Applicable |
| Zip | Country | Zip | | ountry | 5. Certificate of S | | Fee | 75 Addi Required | |
| | 6. Name and Address of Current | t Registered Agen | t | | 7. Name and Ad | dress of New R | legistered Agen | nt | |
| | 23 STREET | | | Name Street Address | (P.O. Box Number is | Not Acceptable | a) | | |
| | JDERDALE, FL 33324 Uìe | | | | | | | | |
| | | | | City | | | FL | Zip Code | · |
| | named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered agen | | | | | | DATE | | |
| | Signature. Hyperc or printed have or registered ager | калиме в арресаме. | (NUTE: Hegisti | ered Agent signature require | ec when reinstating) | | DATE | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 trudger 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart Hodes

914-424-5848 Daytime Phone #