

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753010

Entity Name: THE GARDENS AT PINE ISLAND RIDGE, INC.**Current Principal Place of Business:**9360 SW 23RD ST
DAVIE, FL 33324-6817**Current Mailing Address:**9360 SW 23RD ST
DAVIE, FL 33324-6817 US**FEI Number: 59-2058717****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HODES, STUART
3562 SHAWNEE LN
MELBOURNE, FL 32901-8180 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 VP
Name FRANKS, EMILY
Address 2140 SW 94TH TER
APT 203
City-State-Zip: DAVIE FL 33324-6805

Title DIRECTOR
Name BOSSO, MARK
Address 2251 SW 92ND TER
APT 2202
City-State-Zip: DAVIE FL 33324-6851

Title PRESIDENT
Name WILSON, MICHAEL
Address 2160 SW 93RD WAY
APT 1001
City-State-Zip: DAVIE FL 33324-6815

Title DIRECTOR
Name ONORI, JAMES
Address 2210 SW 92ND TER
APT 2702
City-State-Zip: DAVIE FL 33324-6842

Title DIRECTOR
Name SMALL, MARIA
Address 2201 SW 92ND TER
APT 1703
City-State-Zip: DAVIE FL 33324-6841

Title TREASURER
Name GIANCOLA, ANTHONY
Address 2230 SW 92ND TER
APT 2502
City-State-Zip: DAVIE FL 33324-6846

Title DIRECTOR
Name PATTERSON, JOHN
Address 9320 SW 23RD ST
APT 4101
City-State-Zip: DAVIE FL 33324-6821

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: MICHAEL WILSON**PRESIDENT****04/20/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date