

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759746

Entity Name: RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.**FILED**
Mar 20, 2024
Secretary of State
3351909068CC**Current Principal Place of Business:**8400 N UNIVERSITY DRIVE
SUITE 216
TAMARAC, FL 33321**Current Mailing Address:**8400 N UNIVERSITY DRIVE
SUITE 216
TAMARAC, FL 33321 US**FEI Number:** 59-2126103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ACCOUNTING EDGE
8400 N UNIVERSITY DRIVE
SUITE 216
TAMARAC, FL 33321 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:** HAROLD HERNANDEZ

03/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name RADIFF, DAVID
Address 8400 N UNIVERSITY DRIVE
SUITE 216
City-State-Zip: TAMARAC FL 33321**Title** TREASURER
Name SANCHEZ, STEPHANIE
Address 5310 NW 33 AVE
SUITE 201
City-State-Zip: FT.LAUDERDALE FL 33309**Title** DIRECTO
Name SHELVIN, PATRICIA
Address 8400 N UNIVERSITY DRIVE
SUITE 216
City-State-Zip: TAMARAC FL 33321**Title** SECRETARY
Name GIRAUD, VINCENT
Address 8400 N UNIVERSITY DRIVE
SUITE 216
City-State-Zip: TAMARAC FL 33321**Title** VP
Name HABERLAND, MICHAEL
Address 8400 N UNIVERSITY DRIVE
SUITE 216
City-State-Zip: TAMARAC FL 33321

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: DAVID RADIFF

PRESIDENT

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date