

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759746

Entity Name: RIDGEWOOD AT PINE ISLAND RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**631 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060**Current Mailing Address:**P.O. BOX 802
POMPANO BEACH, FL 33061**FEI Number: 59-2126103****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TMG MANAGEMENT
631 E. ATLANTIC BLVD.
POMPANO BEACH, FL 33060 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	SECRETARY
Name	BAQUERIZO, GUILLERMO
Address	9143C SW 23 STREET
City-State-Zip:	DAVIE FL 33324

Title	TREASURER
Name	MINETTI, BARBARA
Address	9125C SW 20TH PLACE
City-State-Zip:	DAVIE FL 33324

Title	VP
Name	BOFSHEVER, JOEL
Address	9117B SW 20 COURT
City-State-Zip:	DAVIE FL 33324

Title	DIRECTOR
Name	CIBOROWSKI, PETER
Address	9117D SW 20TH COURT
City-State-Zip:	DAVIE FL 33324

Title	PRESIDENT
Name	GOODMAN, GEROLD
Address	9130A SW 20 PLACE
City-State-Zip:	DAVIE FL 33324

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: GEROLD GOODMAN**PRESIDENT****04/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date