

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729258

FILED
May 14, 2004
Secretary of State

Entity Name: THE PINES OF DELRAY ASSOCIATION, INC.

Current Principal Place of Business:

2451 BLACK OLIVE BLVD
CB #26
DELRAY BCH., FL 33445

New Principal Place of Business:

Current Mailing Address:

2451 BLACK OLIVE BLVD
CB #26
DELRAY BCH., FL 33445

New Mailing Address:

FEI Number: 59-1828205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILMORE, JUDY
2451 BLACK OLIVE BLVD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GOTLIB, PHILIP
Address: 1141 VIOLET TERR
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: KILNE, CHARLES
Address: 1030 SILK OAK TERR
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: FISHMAN, ROBERTA
Address: 1141-BOYWOOD, DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: ZAN FARDINO, ANTHONY
Address: 2480 JUNIPER DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD () Delete
Name: ROSENBERG, JEROME
Address: 1111 CACTUS TERR
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERTA FISHMAN

SEC

05/14/2004

Electronic Signature of Signing Officer or Director

_____ Date