

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729258

FILED
Apr 22, 2009
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:

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

Name and Address of New Registered Agent:

DEAN-WRIGHT, ANGELA MGR
2451 BLACK OLIVE BLVD
DELRAY BEACH, FL 33445 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: ANGELA DEAN-WRIGHT

04/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SHANUS, ALVIN
Address: 1050 CITRUS WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: TOMASELLI, ANTHONY N
Address: 1120 CACTUS TERRACE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: O'DONNELL, PATRICIA
Address: 2400 BLACK OLIVE BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: WOLFF, MILTON
Address: 2521 RED HIBISCUS BLVD.
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD () Delete
Name: SILVERMAN, RONALD
Address: 1140 BOXWOOD DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

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: TD (X) Change () Addition
Name: HOLTZMAN, JOSEPH
Address: 1131 VIOLET TERRANCE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD (X) Change () Addition
Name: DESTEFANO, ANTHONY
Address: 2521 JUNIPER DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: ATD () Change (X) Addition
Name: MORSE, RALPH
Address: 2600 JUNIPER DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH HOLTZMAN

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date