

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729258

FILED  
Mar 17, 2010  
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:**

DEAN-WRIGHT, ANGELA MGR  
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  
Name: MORSE, RALPH  
Address: 2600 JUPITER DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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

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

Title: TD  
Name: HOLTZMAN, JOSEPH  
Address: 1131 VIOLET TERRANCE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD  
Name: MAYO, JOSEPH  
Address: 1110 BOXWOOD DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

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: ANTHONY TOMASELLI

P/D

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date