

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729258

FILED
Mar 09, 2011
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, #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD
Name: FAULKNER, THOMAS
Address: 1111 MAHOGANY WAY, #D
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD
Name: O'DONNELL, PATRICIA
Address: 2400 BLACK OLIVE BLVD., #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD
Name: HOLTZMAN, JOSEPH
Address: 1131 VIOLET TERRACE, #102
City-St-Zip: DELRAY BEACH, FL 33445

Title: ASD
Name: MURPHY, KATHLEEN
Address: 1131 MAHOGANY WAY, #C
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: THOMAS FAULKNER

PD

03/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date