## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND

DOCUMENT # 750522

(5)

THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION , INC.

Principal Place	ace of Business Mailing Address			I KODINI POBRI DIIII BOIRE BIIIO NIBID I	I LADONA NOBAN DININ BONEK BONIÐ KIÐAÐ ANÐU ÐAÐUL BIÐAL BIÐAL BIÐAL ÐAÐAN ÓKÐU TIÐAL	
21786 BANYANWOOD ROAD P O BOX 810982 BOCA RATON FL 33433		21786 BANYANWOOD ROAD P O BOX 810982				
		BOCA RATON FL 33433		<ol> <li>Date Incorporated or Qualified 01/08/1980</li> </ol>	3a. Date of Last Report 03/27/1995	
2. Principal P	lace of Business  NINE JOS AVE	2a. Mailing Address 26 6236 Pine Jo	x AVENUX	4. FEI Number 59-2602703	Applied For Not Applicable	
Suite, Apt.	#, etc. 30x 810982	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 DOC	a Raton, FZ	28 BOCA CATO	U.FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
24 33 <del>1</del>	33 25 USA	29 33433	Country	8. This corporation has liability for in		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	<del></del>	
			81 Name	Glan Poulick		
ORR, GLEN 82 Sheet Asidros				Askrings (P. Ø) Box Number is Not Acceptable	1)	
21786 BANYANWOOD ROAD				Agelros (P. P. Box Number is Not Acceptable	nue	
BOCA R	RATON FL 33433		83	<i>J</i> • • • • • • • • • • • • • • • • • • •		
		) // /	84 00 6	No. 001	85 Zin Code>	
			1 + 120	xa.katon	FL ~ 33433	
11. Pursuant or registe	to the provisions of Sections 617.0502 a red agent, or world, with Scate of Florida	nd 617.1508, Florida Statutes, Such change was authorized	the above-named co by the corporation's	orporation submits this statement for the purp board of directors. I hereby accept the appoi	ose of changing its registered office	
familiar w	ith, and accept the Abigations of Secto	67 093 Corida Statutes.	cy and corporation o	board or directors. Thoreby accept the appoin	innert as registered agent. Fam	
SIGNATURE		riccio		·	1-20-96	
12.		d Me if applicance (NOTE I DIRECTORS	Registered Agent signature r	required when reinstating?  ADDITIONS/CHANGES TO OF FIG.	DATE CLOS AND DIDECTORS IN 10	
TITLE	PTD	DELETE	13 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	ORR, GLEN	<b>7</b>	12 NAME			
STREET ADDRESS	21786 BANYANWOOD ROAD	•	13 STREET ADDRESS			
CITY ST ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP			
TITLE	SD	DELETE	2.1 TITLE	VD .	Change Addition	
NAME	LOPEZ, MANUEL		22 NAME	manuel Lopez 81841 Banyanwood		
STREET ADDRESS	21841 BANYANWOOD ROAD		2 3 STREET ADDRESS	a au Pontanwood	K000	
CHTY - ST - ZIP	BOCA RATON FL		2 4 City-St-ZiP	Boca Paton. FL 3	3433	
TITLE	VD	DELETE	3 1 TITLE	20	Change Addition	
NAME	GLEN PAVLICK		3.2 NAME	Glen Pavlick mon		
STREET ADDRESS	6180 PINE JOG AVENUE		3 3 STREET ADDRESS	6180 Pine Jog Avenu	ke	
CITY - ST - ZIP	BOCA RATON FL		3 4. C(TY-ST-2)P	BOCO BUTON FL 35	3433	
TITLE		DELETE	41 TITLE	STD STD .	Change Addition	
NAME	WINFRED CASTRO	. 15	4. 2 NAME	WinfredCastro	<i>y</i> •	
STREET ADDRESS	6236 PINE JOG AVENI	UC	4 3 STREET ADDRESS	6236 Pine Jog Aven	AE .	
CITY-ST-ZIP	BOCA RATION, 12 3	3433	4.4 CITY - ST - ZIP	Boca Raton, Fi 3:	3433	
TITLE		□ D€L€TE	5 1 TITLE	,	☐ Change ☐ Addition	
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CiTY-ST-ZiP		Popular	5.4 CITY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME DEDECT ADDRESS			6 2 NAME			
STREET ADDRESS	1		6 3 STREET ADDRESS			
C-TY-ST-ZiP 14. Ldo hereb	Lov certify that the information sumbled with	th this filing is voluntarily furbiety	6 4 CITY - ST - ZIP	alify for the exemption stated in Section 119.0	7/31/kt Florida Statutos I further	
certify that oath; that appears in	at the information indicated on his annual I am an officer or director of the corpora n Block 12 or Block 13 ft thanked, or op-	report or supplemental armual tion of the receiver or trustee er an attachingent with an address	report is true and ac mpowered to execut	alify for the exemption stated in Section 119.0 courate and that my signature shall have the sa te this report as required by Chapter 617, Flor	ame legal effect as if made under ida Statutes; and that my name	