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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750522** (5)

1. Corporation Name

THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6236 PINE JOG AVE
P O BOX 810982
BOCA RATON FL 33433-624
US**

**6236 PINE JOG AVE
P O BOX 810982
BOCA RATON FL 33433
US**

3. Date Incorporated or Qualified

01/08/1980

4. FEI Number

59-2602703

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAVLICK, GLEN
6180 PINE JOG AVE
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, a registered agent, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☒ DELETE
NAME **CASTRO, WINFRED**
STREET ADDRESS **6236 PINE JOG AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **ROBERT CASSIDY**
1.3 STREET ADDRESS **21831 LINWOOD WAY**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **PD** ☒ DELETE
NAME **VACCA, ANTHONY**
STREET ADDRESS **21761 BANYANWOOD RD**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **VICE-PRESIDENT - DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **BILL HILTON**
2.3 STREET ADDRESS **6152 ELMWOOD DR**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VPD** ☐ DELETE
NAME **GLEN PAVLICK**
STREET ADDRESS **6180 PINE JOG AVENUE**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE **PRESIDENT - DIRECTOR** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **SECRETARY-TREASURER - DIRECTOR** ☐ Change ☒ Addition
4.2 NAME **RICHARD SANDERS**
4.3 STREET ADDRESS **21758 BANYANWOOD RD**
4.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on my attachment to an address.

SIGNATURE:

2/24/98

305-372-5779

CR2E037 (1097)