

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739605 (4)
1. Corporation Name
THE PINES OF DELRAY WEST ASSOCIATION, INC.



Principal Place of Business 2700 SW 15TH STREET DELRAY BEACH FL 33445 US	Mailing Address 2700 SW 15TH STREET DELRAY BEACH FL 33445
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2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country	2a. Mailing Address [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] Country
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3. Date Incorporated or Qualified 08/01/1977	
4. FEI Number 59-1941624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRIEDER, JACK 1425 SW 27TH AVE DELRAY BEACH FL 33445
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10. Name and Address of New Registered Agent [81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City [85] Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, Section 617.0503, Florida Statutes.

SIGNATURE *Jack Frieder* DATE 3/26/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRIEDER, JACK
STREET ADDRESS	1425 SW 27TH AVE CB54
CITY-ST-ZIP	DELRAY BCH. FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SHINDELL, LORRAINE
STREET ADDRESS	2810 SW 13TH ST
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ROSENZWEIG, WILLIAM
STREET ADDRESS	2830 S.W. 15TH ST. CB61
CITY-ST-ZIP	DELRAY BCH. FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SIGAL, JOYCE
STREET ADDRESS	2721 SW 13TH ST
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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 an attachment with an address.

SIGNATURE: *Jack Frieder* DATE 3/26/98 561-226-6805

CR2E037 (10/97)