

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739605

1. Entity 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 33445-5809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1941624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDER, JACK  
1425 SW 27TH AVE  
DELRAY BEACH FL 33445

Name

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

City

FL

Zip Code

8. 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

*Jack Frieder*

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

(NOTE: Registered Agent signature required when reinstating)

3/9/00

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME FRIEDER, JACK  
STREET ADDRESS 1425 SW 27TH AVE CB54  
CITY-ST-ZIP DELRAY BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME SHINDELL, LORRAINE  
STREET ADDRESS 2810 SW 13TH ST  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VP  
NAME RESNICK, JEAN  
STREET ADDRESS 1421 SW 27TH AVE.  
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☒ Change ☐ Addition

TITLE TD  
NAME ROSENZWEIG, WILLIAM  
STREET ADDRESS 2830 S.W. 15TH ST. CB61  
CITY-ST-ZIP DELRAY BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME SIGAL, JOYCE  
STREET ADDRESS 2721 SW 13TH ST  
CITY-ST-ZIP DELRAY BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

*Jack Frieder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

561-276-6605

Date

Daytime Phone #

CR2E037 (9/99)