

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90113 032 ****70.00

DOCUMENT # 739605

1. Entity Name

THE PINES OF DELRAY WEST ASSOCIATION, INC.

(Handwritten mark)

Principal Place of Business

**2700 SW 15TH STREET
 DELRAY BEACH FL 33445
 US**

Mailing Address

**2700 SW 15TH STREET
 DELRAY BEACH FL 33445**

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

**LARRY E. SCHNER, P.A.
 750 S. DIXIE HWY
 BOCA RATON FL 33432**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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

TITLE	PD	<input checked="" 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	RESNICK, JEAN	
STREET ADDRESS	1421 SW 27TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL HYNES	
STREET ADDRESS	1425 SW 27TH AVE #101	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN RESNICK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE FEDERMAN	
STREET ADDRESS	2820 SW 15TH ST	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *(Handwritten Signature)* **DANIEL HYNES Pres** 07-03-01 561-276-6605

CR2E037 (5/01)