

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729258

**FILED**  
**Apr 10, 2013**  
**Secretary of State**  
**CC2671062305**

**Entity Name:** THE PINES OF DELRAY ASSOCIATION, INC.

**Current Principal Place of Business:**

2451 BLACK OLIVE BLVD  
DELRAY BCH., FL 33445

**Current Mailing Address:**

2451 BLACK OLIVE BLVD  
DELRAY BCH., FL 33445

**FEI Number:** 59-1828205

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DEAN-WRIGHT, ANGELA MGR  
2451 BLACK OLIVE BLVD  
DELRAY BEACH, FL 33445 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name MORSE, RALPH  
Address 2600 JUPITER DRIVE, #101  
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT  
Name FAULKNER, THOMAS  
Address 1111 MAHOGANY WAY, #D  
City-State-Zip: DELRAY BEACH FL 33445

Title ASST. SECRETARY  
Name O'DONNELL, PATRICIA  
Address 2400 BLACK OLIVE BLVD., #101  
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER  
Name HOLTZMAN, JOSEPH  
Address 1131 VIOLET TERRACE, #102  
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY  
Name MURPHY, KATHLEEN  
Address 1131 MAHOGANY WAY, #C  
City-State-Zip: DELRAY BEACH FL 33445

Title ASST. TREASURER  
Name BISAZZA, KATHLEEN  
Address 2381 SUMAC COURT, #D  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH HOLTZMAN

**TREASURER**

**04/10/2013**

Electronic Signature of Signing Officer/Director Detail

Date