

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 729258

**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 US

**FEI Number:** 59-1828205

**Certificate of Status Desired:** No

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

KOPELOWITZ OSTROW, PA  
SCOTT HYMAN, ESQ  
1 W. LAS OLAS BLVD., STE. 500  
FORT LAUDERDALE, FL 33301 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:** SCOTT HYMAN

03/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TISZA, PATRICIA  
Address 1151 VIOLET TERR #101  
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY  
Name WEINSTEIN, ANN  
Address 1121 CACTUS TERRACE # 104  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name WAZORKO, MARY ELLEN  
Address 2320 DEL AIRE BOULEVARD # A  
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER  
Name FISHBEIN, NANCY  
Address 2380 SUMAC COURT # B  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name FINK, CINDY  
Address 1061 ORANGE TERRACE # 202  
City-State-Zip: DELRAY BEACH FL 33445

Title VP  
Name SALAMON, BRIAN  
Address 1030 PALM LANE # D  
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT  
Name COPPOLA, NICHOLAS  
Address 3930 LOWSON BLVD  
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR  
Name BOSCAINO, COSIMO  
Address 1080 MAHOGANY WAY # 204  
City-State-Zip: DELRAY BEACH FL 33445

**Continues on page 2**

*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:** NICHOLAS COPPOLA

PRESIDENT

03/29/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CORBO, KATHLEEN  
Address        1121 LEMON TREE TERRACE # 101  
City-State-Zip: DELRAY BEACH FL 33445