

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729258

Entity Name: THE PINES OF DELRAY ASSOCIATION, INC.

Current Principal Place of Business:

2451 BLACK OLIVE BLVD
DELRAY BEACH, FL 33445

Current Mailing Address:

2101 CENTREPARK W DR
#110
WEST PALM BEACH, FL 33409 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

02/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TISZA, PATRICIA
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name WEINSTEIN, ANN
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name WAZORKO, MARY ELLEN
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name FISHBEIN, NANCY
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name FINK, CINDY
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name SALAMON, BRIAN
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT
Name COPPOLA, NICHOLAS
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name BOSCAINO, COSIMO
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445

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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: COPPOLA , NICHOLAS

PRESIDENT

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORBO, KATHLEEN
Address 2451 BLACK OLIVE BLVD
City-State-Zip: DELRAY BEACH FL 33445