

2014 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 BCH., FL 33445

Current Mailing Address:

2451 BLACK OLIVE BLVD
DELRAY BCH., FL 33445

FEI Number: 59-1828205

Certificate of Status Desired: No

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: THOMAS J. FAULKNER

PRESIDENT

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date