

2018 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:

SHIR, GUY
1800 CORPORATE BLVD NW
#200
BOCA RATON, FL 33431 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: GUY SHIR

04/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HORN, JAY
Address 1131 BOXWOOD DRIVE, #101
City-State-Zip: DELRAY BEACH FL 33445

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

Title SECRETARY
Name DESTEFANO, CAROL
Address 2521 JUNIPER DRIVE., #D
City-State-Zip: DELRAY BEACH FL 33445

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

Title TREASURER
Name HAGEMAN, MARY ANN
Address 1511 VIOLET TERRACE #203
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name MARCUS , ALAN
Address 1110 MAHOGANY WAY #104
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name MAY, JACK
Address 1130 VIOLET TERRACE UNIT #203
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name COPPOLA, NICHOLAS
Address 3930 LOWSON 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: MURPHY , KATHLEEN

PRESIDENT

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CASCONI, VINCENZO
Address 1160 MAHOGANY WAY #202
City-State-Zip: DELRAY BEACH FL 33445