

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733844

**FILED**  
**Mar 30, 2015**  
**Secretary of State**  
**CC2777177509**

**Entity Name:** PINE POINT VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

3310 LOREN ROAD  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

3310 LOREN ROAD  
BOYNTON BEACH, FL 33435

**FEI Number:** 59-1591216

**Certificate of Status Desired:** No

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

HARTLEY&MORTON, PA  
800 VILLAGE SQUARE CROSSING  
SUITE 222  
PALM BEACHGARDENS, FL 33410 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           TREASURER  
Name           ISENBERG       , DOLORES  
Address        101B BAYVIEW AVE  
City-State-Zip: BOYNTON BEACH FL 33435

Title           D  
Name           MORAVEC, OTTO  
Address        3250A PARK LANE  
City-State-Zip: BOYNTON BEACH FL 33435

Title           VP  
Name           DEERY, CAROL  
Address        3250 D PARK LANE  
City-State-Zip: BOYNTON BCH. FL

Title           PRESIDENT  
Name           LUCAS, STEPHEN DR.  
Address        300 COUNTRY LANE  
                  D  
City-State-Zip: BOYNTON BCH. FL 33435

Title           DIRECTOR  
Name           TERILLI, JUDY  
Address        220-D BAYVIEW AVE  
City-State-Zip: BOYNTON BEACH FL 33435

Title           SECRETARY  
Name           GRENIER, HELEN  
Address        231 C PINE POINT DR.  
City-State-Zip: BOYNTON BEACH FL 33435

Title           DIRECTOR  
Name           DIDATO, LOUIS  
Address        101 BAYVIEW AVE  
                  A  
City-State-Zip: BOYNTON BEACH FL 33435

Title           DIRECTOR  
Name           GOURLEY, BILL  
Address        3201 D PARK LANE  
                  B  
City-State-Zip: BOYNTON BEACH FL 33435

**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:** CAROL DEERY

**VICE PRESIDENT**

**03/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SOCHUREK, JOSEPH  
Address        310 COUNTRY LANE  
                  A  
City-State-Zip: BOYNTON BEACH FL 33435