

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739605

**Entity Name:** THE PINES OF DELRAY WEST ASSOCIATION, INC.**Current Principal Place of Business:**2700 SW 15TH STREET  
DELRAY BEACH, FL 33445**Current Mailing Address:**2700 SW 15TH STREET  
DELRAY BEACH, FL 33445 US**FEI Number:** 59-1941624**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARRY E. SCHNER, P.A.  
LARRY SCHNER/ SACHS SAX CAPLAN  
6111 BROKEN SOUND PARKWAY 200  
BOCA RATON, FL 33487 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            PRESIDENT, PD  
Name            COMPARATO, THOMAS F  
Address        2821 SW 15TH ST.  
                  11-103  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            MCKELVEY, GEORGE TREASURER  
Address        2821 SW 15TH ST.  
                  11-201  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            HAIG, LARRY  
Address        1410 SW 27TH AVE.  
                  DELRAY BEACH 20-C  
City-State-Zip: DELRAY BEACH FL 33445

Title            TREASURER  
Name            HOPIN, ROSLYN  
Address        2820 SW 13TH STREET  
                  28-103  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            PICERNO, CARL  
Address        1420 SW 27TH AVE.  
                  19-D  
City-State-Zip: DELRAY BEACH FL 33445

Title            V. PRESIDENT  
Name            GIZZARELLI, ROBERT  
Address        1435 S.W. 27TH AVE. #16-202  
City-State-Zip: DELRAY BEACH FL 33445

Title            SECRETARY  
Name            HOPIN, ROSLYN  
Address        2821 SW 15TH ST.  
                  11-104  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            ZOLNA, STAN  
Address        2860 SW 13TH STREET  
                  31-102  
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 F. COMPARATO

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date