

**2013 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.  
350 CAMINO GARDENS BLVD. #202  
BOCA RATON, FL 33432 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        148 MAIN STREET - APT.A4412  
City-State-Zip: NORTH ANDOVER MA 01845

Title            DIRECTOR  
Name            ROTH, CHARLOTTE G  
Address        2850 S.W. 13TH ST., #32-103  
City-State-Zip: DELRAY BEACH FL 33445

Title            TREASURER, TD  
Name            CRITELLI, JOHN E  
Address        11 CHARLEMAGNE DRIVE  
City-State-Zip: NESCONSET NY 11767

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

Title            SECRETARY  
Name            GOLDBERG, RICHARD  
Address        19 DEER PARK ROAD  
City-State-Zip: SIMSBURY CT 06070

Title            DIRECTOR  
Name            TROENDLE, THOMAS  
Address        2700 SW 15TH STREET  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            AMMIRATI, PASQUALE  
Address        2700 SW 15TH STREET  
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 COMPARATO**PRESIDENT****04/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date