

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750522

FILED
Mar 29, 2015
Secretary of State
CC0303213775**Entity Name:** THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6138 ELMWOOD DRIVE
BOCA RATON, FL 33433**Current Mailing Address:**PO BOX 810982
BOCA RATON, FL 33433-0982 US**FEI Number: 59-2602703****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOSEPH S GORLICKI
6138 ELMWOOD DR
BOCA RATON, FL 33433 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	SECRETARY
Name	DAVIS, DIXIE
Address	21808 MOUNTAIN SUGAR LANE
City-State-Zip:	BOCA RATON FL 33433

Title	VP
Name	RAY, JOHN T
Address	21840 BEACHNUT DR
City-State-Zip:	BOCA RATON FL 33433

Title	TREASURER
Name	GORLICKI, JOSEPH S
Address	6138 ELMWOOD DRIVE
City-State-Zip:	BOCA RATON FL 33433

Title	ASSOCIATE BOARD MEMBER
Name	FERGUSON, CHRISTINE
Address	21790 LINWOOD WAY
City-State-Zip:	BOCA RATON FL 33433

Title	PRESIDENT
Name	FISHER, JIM
Address	21789 LINWOOD WAY
City-State-Zip:	BOCA RATON FL 33433

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: JOSEPH S. GORLICKI**TREASURER****03/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date