

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2013
Secretary of State
CC4160155527**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 VP
Name JENSEN, VICTOR
Address 21825 BANYANWOOD ROAD
City-State-Zip: BOCA RATON FL 33433Title P
Name RAY, JOHN T
Address 21840 BEACHNUT DR
City-State-Zip: BOCA RATON FL 33433Title T
Name GORLICKI, JOSEPH S
Address 6138 ELMWOOD DRIVE
City-State-Zip: BOCA RATON FL 33433Title S
Name FERGUSON, CHRISTINE
Address 21790 LINWOOD WAY
City-State-Zip: BOCA RATON FL 33433Title M
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****04/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date