

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750522

**Entity Name:** THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC2746402813**

**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 DAVIS, DIXIE  
Address 21808 MOUNTAIN SUGAR LANE  
City-State-Zip: BOCA RATON FL 33433

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

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

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

Title 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**

**04/01/2014**

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

\_\_\_\_\_  
Date