

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000011064

Entity Name: DELRAY BEACH PICKLEBALL CLUB, INC.**Current Principal Place of Business:**8232 WATERLINE DR
BOYNTON BEACH, FL 33572**Current Mailing Address:**8232 WATERLINE DR
BOYNTON BEACH, FL 33572 US**FEI Number: 81-4511990****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DICKMAN, NORMAN
8232 WATERLINE DR
BOYNTON BEACH, FL 33572 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	SD
Name	NISS, DANIELLA
Address	807 NW 9TH STREET
City-State-Zip:	BOYNTON BEACH FL 33436

Title	VD
Name	GARCIA, PAM
Address	807 NW 9TH SREET
City-State-Zip:	BOYNTON BEACH FL 33436

Title	TR
Name	BRANCATO, MADALYNN
Address	3079 N. EVERGREEN CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	TD
Name	BERNSTEIN, DAVID
Address	32 ISLAND DRIVE
City-State-Zip:	BOYNTON BEACH FL 33436

Title	PD
Name	DICKMAN, NORMAN
Address	5598 WITNEY DRIVE #312
City-State-Zip:	DELRAY BEACH FL 33445

Title	TR
Name	SPINA, DEBBIE
Address	7992 ROCKFORD ROAD
City-State-Zip:	BOYNTON BEACH FL 33472

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: DAVID BERNSTEIN**TREASURER****01/31/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date