

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744719 (6)
1. Corporation Name
THE PINES OF DELRAY NORTH ASSOCIATION, INC.



Principal Place of Business Mailing Address
1431 NW 18TH AVE 1431 NW 18TH AVE
DELRAY BCH FL 33445 DELRAY BCH FL 33445

3. Date Incorporated or Qualified 10/25/1978 3a. Date of Last Report 09/29/1995
4. FEI Number 59-1886546 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWALD, STEVEN I.
6971 N FEDERAL HWY STE 105
BOCA RATON FL 33487

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME FLOM, MAX
STREET ADDRESS 1841 NW 18TH AVE.
CITY-ST-ZIP DELRAY BCH FL 33445
TITLE ☒ DELETE
TITLE ☒ DELETE
NAME OSTROW, CHARLES
STREET ADDRESS 1621 NW 20TH AVE.
CITY-ST-ZIP DELRAY BCH FL 33445
TITLE ☒ DELETE
TITLE ☒ DELETE
NAME BOYD, MAUREEN
STREET ADDRESS 2005 NW 18TH STREET
CITY-ST-ZIP DELRAY BCH FL 33445
TITLE ☒ DELETE
TITLE ☒ DELETE
NAME SOLOMON, HERMAN N.
STREET ADDRESS 1730 NW 18TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33445
TITLE ☐ DELETE
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92
1.1 TITLE President (D) ☐ Change ☒ Addition
1.2 NAME Max Flom
1.3 STREET ADDRESS 1841 NW 18th Ave.
1.4 CITY-ST-ZIP Delray Bch., FL 33445
2.1 TITLE Treasurer (D) ☐ Change ☒ Addition
2.2 NAME Charles Ostrow
2.3 STREET ADDRESS 1621 NW 20th Ave.
2.4 CITY-ST-ZIP Delray Bch., FL 33445
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Secretary (D) ☐ Change ☒ Addition
4.2 NAME Joan Hurlay
4.3 STREET ADDRESS 1965 NW 13th Street
4.4 CITY-ST-ZIP Delray Bch., FL 33445
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 200001879352
6.3 STREET ADDRESS -06/28/96--01052--006
6.4 CITY-ST-ZIP ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Max Flom*

Max Flom

4/15/96

(407) 278-8409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)