

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90012 036 ****61.25

DOCUMENT

1. Entity Name

744719

*The Pines of Delray North
 Association, Inc.*

R

Principal Place of Business

*1431 NW 18th Ave
 Delray Beach, FL
 33445*

Mailing Address

*1431 NW 18th Ave, #100
 Delray Beach, FL
 33445*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

591886546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Greenwald, Steven I.
 6971 N. Federal Hwy., Ste.#105
 Boca Raton, FL 33487*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Israel, Shirley	
STREET ADDRESS	1361 NW 19th. Terrace	
CITY-ST-ZIP	Delray Bch., FL 33445	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	Percia, John	
STREET ADDRESS	1835 NW 18th St. #101	
CITY-ST-ZIP	Delray Bch., FL 33445	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Jacobs, Monroe	
STREET ADDRESS	1420 NW 18th Ave., #104	
CITY-ST-ZIP	Delray Bch., FL 33445	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	Cassillo, Doris	
STREET ADDRESS	1540 N.W. 18th Ave., #102	
CITY-ST-ZIP	Delray Bch., FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	English, George	
STREET ADDRESS	1721 NW 19th. Terrace, #C	
CITY-ST-ZIP	Delray Bch., FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley Israel Shirley Israel 7/6/00

561-278-1212

Date

Daytime Phone #

CR2E037 (9/99)