

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # 744719

1. Entity Name
THE PINES OF DELRAY NORTH ASSOCIATION, INC.



Principal Place of Business
**1431 NW 18TH AVE
DELRAY BCH, FL 33445**

Mailing Address
**1431 NW 18TH AVE
DELRAY BCH, FL 33445**



06302005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1886546

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ISRAEL, SHIRLEY
1361 NW 19TH TERRACE, #104
DELRAY BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VDTD
PERCIA, JOHN
1835 NW 18TH ST., #101
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
JACOBS, MONROE
1420 NW 18TH AVE., #104
DELRAY BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
ENGLISH, GEORGE
1721 NW 19TH TERRACE #C
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

UD00000373720
07/20/05-80004-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Shirley Israel*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/14/05