FILED Mar 10, 2008 8:00 am

2000	NOI-FOR-FROIT CORFORATION	٦
	ANNUAL REPORT	

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DOCUMENT # 744719 1. Entity Name THE PINES OF DELRAY NORTH ASSOCIATION, INC.						O3-10-2008 90078 001 ****61.25					
Principal Place of Business 1431 NW 18TH AVE DELRAY BCH, FL 33445 Mailing Address 1431 NW 18TH AVE DELRAY BCH, FL 33445							40042592				
2. Principal P	lace of Business -	No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc. Suite, Ap				Apt. #, etc.			Chg-NP	CR2E037	(12/06)		
City & Stat	ė		City & State			4. FEI Number 59-1886				plied For t Applicable	
Zip	(Country	Zip	Cou	untry	5. Certificate of	of Status Desired	□ \$8	3.75 Addi e Required	itional	
•	6. Name and	Address of Current F	Registered Agent			7. Name and	Address of New	Registered Age	ent		
					Name O	F.15-110.	Davis	0			
1499 WES	JOSHUA ES T PALMETTO				Street Addres	ENTHAL s (P.O. Box Number of Memo		ole)	-	· · · · · · · · · ·	
SUITE 412 BOCA RA	? TON, FL 3348	6			3082	JOG ROI		,			
					City LAKE	WORTH	,`	FL	Zip Code	167	
	named entity sub		the purpose of changing	its register				florida. I am fam	niliar with,	and accept	
SIGNATURE .	DAVID Signature, typed or print	C. RO	SENTHAL nd litle if applicable. (N	OTE: Registere	rd Ageni signatura requ	ired when reinstating)	=	3-4- DATE	08		
1 (2 *) . • . • . • . • . • . • . • . • . • .	Filing Fee is Due by May	1, 2008	9. Election C			\$5.00 May Be Added to Fees	Flo		ent of St	ate 🙏	
10.	Due by May		- Trust Fund		ion.	Added to Fees ADDITIONS/CHA	NGES TO OFFIC	orida Departm	ent of St	ate 🙏	
10.		1, 2008	- Trust Fund	Contribut	ion. E A 9	Added to Fees ADDITIONS/CHA	NGES TO OFFIC	orida Departm ERS AND DIREC	ent of St	ate 🙏	
	Due by May	1, 2008 OFFICERS AND DIR	- Trust Fund	Contribut	E A9	Added to Fees ADDITIONS/CHA SH. Treasu escell, St	NGES TO OFFIC rer reldon	ERS AND DIREC	ent of St	ate 10	
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2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Page 2 of 2 DOCUMENT # 744719 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02292008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1886546 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERSTIN, JOSHUA ESQ. Street Address (P.O. Box Number is Not Acceptable) 1499 WEST PALMETTO PARK RD. SUITE 412 BOCA RATON, FL 33486 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change **☐** Addition PD Delete TITLE TITLE 0'Sullivan, Donald 1340 NW 18 Ave, # 201 Delvay Beach, EC 33 Y ISRAEL, SHIRLEY NAME NAME STREET ADDRESS 1361 NW 19TH TERRACE, #104 STREET ADDRESS DELRAY BCH, FL CITY-ST-ZIP CITY-ST-ZIP **X** Addition Delete TITLE TITLE CORNETT, CHARLES NAME NAME Perry Alan +h 1825 nw 18 th 1721 NW 19TH TERRACE #201 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Beich ☐ Delete TITLE ☐ Addition TITLE SADOFSKY, JEROME NAME NAME 1420 NW 18TH AVE 202 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE FENLON, JAMES NAME NAME 1420 NW 18TH AVE #202 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZIP CITY-ST-ZIP Changes for above Delete Change Addition TITLE Page 1 of2 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signifure 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: JAMES Fen Len SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING DEFICER OR DIRECTOR