

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90078 001 \*\*\*\*61.25

**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**

**40042592**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02292008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**GERSTIN, JOSHUA ESQ.  
1499 WEST PALMETTO PARK RD.  
SUITE 412  
BOCA RATON, FL 33486**

Name **ROSENTHAL, DAVID C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**PHOENIX MGMT.  
3082 JOG ROAD  
LAKE WORTH FL 33467**

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 **DAVID C. ROSENTHAL**

**3-4-08**

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME ISRAEL, SHIRLEY  
STREET ADDRESS 1361 NW 19TH TERRACE, #104  
CITY-ST-ZIP DELRAY BCH, FL 33445

TITLE VP ☐ Delete  
NAME CORNETT, CHARLES  
STREET ADDRESS 1721 NW 19TH TERRACE #201  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE SD ☐ Delete  
NAME SADOFSKY, JEROME  
STREET ADDRESS 1420 NW 18TH AVE 202  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE T ☐ Delete  
NAME FENLON, JAMES  
STREET ADDRESS 1420 NW 18TH AVE #202  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Asst. Treasurer ☐ Change ☒ Addition  
NAME Nessel, Sheldon  
STREET ADDRESS 2009 NW 18 St., #104  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE S ☐ Change ☒ Addition  
NAME Brown, Larry  
STREET ADDRESS 1440 NW 20th Ave., #103  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/T ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Yelowitz, Morris  
STREET ADDRESS 1260 NW 20 Ave., #102  
CITY-ST-ZIP Delray Beach, FL 33445

TITLE D ☐ Change ☒ Addition  
NAME Lotito, Jerry  
STREET ADDRESS 1840 NW 13 St., #102  
CITY-ST-ZIP Delray Beach, FL 33445

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 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: **JAMES FENLON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/08**  
Date


**561-245-1347**  
Daytime Phone #

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 2 of 2

ATTACHMENT

40042592

<b>DOCUMENT # 744719</b> 1. Entity Name <b>THE PINES OF DELRAY NORTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>1431 NW 18TH AVE DELRAY BCH, FL 33445</b>			Mailing Address <b>1431 NW 18TH AVE DELRAY BCH, FL 33445</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1886546</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GERSTIN, JOSHUA ESQ. 1499 WEST PALMETTO PARK RD. SUITE 412 BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ISRAEL, SHIRLEY</b> <b>1361 NW 19TH TERRACE, #104</b> <b>DELRAY BCH, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>O'Sullivan, Donald</b> <b>1340 NW 18th Ave, # 201</b> <b>Delray Beach, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CORNETT, CHARLES</b> <b>1721 NW 19TH TERRACE #201</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Perry, Alan</b> <b>1825 NW 18th St, #103</b> <b>Delray Beach, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SADOFSKY, JEROME</b> <b>1420 NW 18TH AVE 202</b> <b>DELRAY BEACH, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>FENLON, JAMES</b> <b>1420 NW 18TH AVE #202</b> <b>DELRAY BEACH, FL 33445</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Changes for above on Page 1 of 2		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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.					
<b>SIGNATURE: James Fenlon</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3/5/08</b> Date		
			<b>561-265-1347</b> Daytime Phone #		