

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 # **750522** (5)
1. Corporation Name
THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
21786 BANYANWOOD ROAD P O BOX 810982 BOCA RATON FL 33433

3. Date Incorporated or Qualified **01/08/1980** 3a. Date of Last Report **03/27/1995**
4. FEI Number **59-2602703** 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 **6180 PINE JOG AVE** 26 **6236 Pine Jog Avenue**
22 **PO Box 810982** 27
23 **Boca Raton, FL** 28 **BOCA RATON, FL**
24 **33433** 25 **USA** 29 **33433** 30 **USA**

9. Name and Address of Current Registered Agent
**ORR, GLEN
21786 BANYANWOOD ROAD
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
81 Name **Glen Pavlick**
82 Street Address (P.O. Box Number is Not Acceptable) **6180 Pine Jog Avenue**
83
84 **Boca Raton** FL 85 **33433**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *Glen Pavlick* 1-20-96
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, GLEN	1.2 NAME	
STREET ADDRESS	21786 BANYANWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MANUEL	2.2 NAME	Manuel Lopez
STREET ADDRESS	21841 BANYANWOOD ROAD	2.3 STREET ADDRESS	81841 Banyanwood Road
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN PAVLICK	3.2 NAME	Glen Pavlick
STREET ADDRESS	6180 PINE JOG AVENUE	3.3 STREET ADDRESS	6180 Pine Jog Avenue
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINFRED CASTRO	4.2 NAME	Winfred Castro
STREET ADDRESS	6236 PINE JOG AVENUE	4.3 STREET ADDRESS	6236 Pine Jog Avenue
CITY-ST-ZIP	BOCA RATON, FL 33433	4.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Glen Pavlick* 1-20-96 407 368 5838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)