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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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
6180 PINE JOG AVE
P O BOX 810982
BOCA RATON FL 33433
US

3. Date Incorporated or Qualified 01/08/1980
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 21 6236 Pine Jog Avenue
2a. Mailing Address 26

4. FEI Number 59-2602703
Applied For Not Applicable

Suite, Apt. #, etc. 22 PO Box 810982
27

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

City & State 23 Boca Raton, FL
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 33433-3624
Country 25 USA
29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAVLICK, GLEN
6180 PINE JOG AVE
BOCA RATON FL 33433

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME STD
STREET ADDRESS CASTRO, WINFRED
CITY-ST-ZIP 6236 PINE JOG AVENUE BOCA RATON FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33433

TITLE DELETE
NAME VD
STREET ADDRESS LOPEZ, MANUEL
CITY-ST-ZIP 81841 BANYANWOOD ROAD BOCA RATON FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME PD
STREET ADDRESS GLEN PAVLICK
CITY-ST-ZIP 6180 PINE JOG AVENUE BOCA RATON FL

3.1 TITLE VICE PRESIDENT / DIRECTOR Change Addition
3.2 NAME (VD)
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33433

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE PRESIDENT / DIRECTOR Change Addition
4.2 NAME ANTHONY VACCA (PD)
4.3 STREET ADDRESS 21761 BANYANWOOD ROAD
4.4 CITY-ST-ZIP BOCA RATON FL 33433

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: [Signature] DATE: 2/6/97 5613916323

CFR2037 (9/96)