NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 750522

1. Corporation Name

THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business				
6236 PINE JOG AVE				
P O BOX 810982				
BOCA RATON FL 33433-624				
US				

Mailing Address

6236 PINE JOG AVE P O BOX 810982 BOCA RATON FL 33433

US

FILED Mar 01, 1999 8:00 am Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address	10982	3. Date Incorporated or Qualified	
21 P.O.	BOX 810982		10702	01/08/1980	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2602703	Applied For
22		27		39-2002703	Not Applicable
City & State		City & State BOCA 28	570J , FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip Courtey 29 33433-0982 30 Courtey 29 33433-0982 30				Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
	9. Name and Address of Current I			10. Name and Address of New R	egistered Agent
			81 Name	RICHARD J. SANDERS	<u>a</u>
PAVLICK,	CLEN		82 Street	Address (P.O. Box Number is Not Acceptal	
6180 PINE				158 BANYAN WOOD	120
			83		
BUCA HA	TON FL 33433		84 City		Total 7:- Code
84				DOCA RATON	FL 85 Zip Code 33433
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named on norized by the como	corporation submits this statement for the poration's board of directors. I hereby accept	t the appointment as registered
agent. I a	m fa <u>milia</u> r with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes.	1.	16.
SIGNATURE		, RICHARD J. SI	in Subscri		<u> 4799 </u>
	Signature, typed or printed name of registered agen		egistered Agent signature r		FICERS AND DIRECTORS IN 12
12.			13.		
TITLE	D	☐ DELETE	1.\$ TITLE	VD VD	Change Addition
NAME	CASSIDY, ROBERT		1.2 NAME		
STREET ADDRESS	21831 LINWOOD WY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		14 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	PD	Change Addition
NAME	HILTON, BILL		2.2 NAME		
STREET ADDRESS	6152 ELMWOOD DR		2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP		
TITLE	VPD	⊠ DELETE	3.1 TITLE	12	Change C Addition
NAME	GLEN PAVLICK		3.2 NAME		
STREET ADDRESS	6180 PINE JOG AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS, RICHARD		4, 2 NAME		
STREET ADDRESS	21798 BANYANWOOD RD		4.3 STREET ADDRESS		į
CITY-ST-ZIP	BOCA RATON FL 33433		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLÉ		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	, · · ·	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	·	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED LAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

561/955-6963 Daytime Phone # CR2E037 (11/98)