

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750522

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE PINES OF BOCA DEL MAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6138 ELMWOOD DRIVE
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 810982
BOCA RATON, FL 334330982 US

New Mailing Address:

FEI Number: 59-2602703 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JOSEPH S GORLICKI
6138 ELMWOOD DR
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, JOHN T
Address: 21840 BEACHNUT DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: JENSEN, VICTOR
Address: 21825 BANYANWOOD ROAD
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: GORLICKI, JOSEPH S
Address: 6138 ELMWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JENSEN, VICTOR
Address: 21825 BANYANWOOD ROAD
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Change () Addition
Name: RAY, JOHN T
Address: 21840 BEACHNUT DR
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: HAMILTON, DONALD
Address: 21749 MOUNTAIN SUGAR LANE
City-St-Zip: BOCA RATON, FL 33433

Title: M () Change (X) Addition
Name: ROTH, TODD
Address: 6250 PINE JOG AVE
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH S. GORLICKI

T

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date