

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90365 008 ****61.25

DOCUMENT # N23279 1. Entity Name PINE RIDGE AT DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13751 ONEIDA DRIVE DELRAY BEACH, FL 33446		Mailing Address 639 E. OCEAN AVE. SUITE #204 BOYNTON BEACH, FL 33435	
2. Principal Place of Business 7100 Congress Avenue Suite, Apt. #, etc. Suite 1128 City & State Boca Raton FL Zip 33487 Country USA		3. Mailing Address 7100 Congress Avenue Suite, Apt. #, etc. Suite 1128 City & State Boca Raton FL Zip 33487 Country USA	
4. FEI Number 65-0018855		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUBERTO, PAUL 639 E OCEAN AVE SUITE 204 BOYNTON BEACH, FL 33435 Management Services of America 7100 Congress Avenue Boca Raton, FL 33487		7. Name and Address of New Registered Agent Name Management Services of America Street Address (P.O. Box Number is Not Acceptable) 7100 Congress Avenue Suite 1128 City Boca Raton FL Zip Code 33487	
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 Alan Levin DATE 4.26.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RONA, VIVIAN 13701 ONEIDA DR 108-F1 DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUSS, SYLVIA 1383 ONEIDA DR DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAPIRO, BARBARA 13890 ONEIDA DR. 110-D2 DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ZITKUS, LYNN 13791 ONEIDA DRIVE 108-D3 DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEINTRAUB, LOIS 13831 ONEIDA DR B1 DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Alan Levin		Date 4.26.06 Daytime Phone # 561 9881888	