

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 031 ****61.25

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|--|--|--|---|---------------------------------------|--|
| DOCUMENT # N23279 1. Entity Name PINE RIDGE AT DELRAY BEACH CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487 | | | Mailing Address 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0018855 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEVINE, JAY STEVEN P.A. 3300 PGA BLVD. SUITE 530 PALM BEACH GARDENS, FL 33410 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RONA, VIVIAN 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRUSS, SYLVIA 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHAPIRO, BARBARA 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ZITKUS, LYNN 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WEINTRAUB, LOIS 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BACKER, JEAN 3900 WOODLAKE BLVD., 309 LAKE WORTH, FL 33463 | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD <i>Kahn, Debra</i> <i>3900 Woodlake Blvd</i> <i>Lake Worth, FL 33463</i> | <input type="checkbox"/> Change <input checked="" 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 line empowered. | | | | | |
| SIGNATURE: <i>Barbara Shapiro</i> <i>4/17/08</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |