

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23279

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** PINE RIDGE AT DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7700 CONGRESS AVE  
SUITE 1128  
BOCA RATON, FL 33487

**New Principal Place of Business:**

3900 WOODLAKE BLVD.  
SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

7700 CONGRESS AVE  
SUITE 1128  
BOCA RATON, FL 33487

**New Mailing Address:**

3900 WOODLAKE BLVD.  
SUITE 309  
LAKE WORTH, FL 33463

**FEI Number:** 65-0018855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, JAY STEVEN P.A.  
3300 PGA BLVD.  
SUITE 530  
PALM BEACH GARDENS, FL 33410 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: SD ( ) Delete  
Name: KAHN, DEBRA  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete  
Name: BRUSS, SYLVIA  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: PD ( ) Delete  
Name: SHAPIRO, BARBARA  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: TD ( ) Delete  
Name: ZITKUS, LYNN  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: VPD ( ) Delete  
Name: WEINTRAUB, LOIS  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Delete  
Name: BACKER, JEAN  
Address: 3900 WOODLAKE BLVD., 309  
City-St-Zip: LAKE WORTH, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: BARBARA SHAPIRO

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date