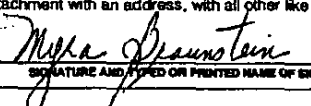


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90238 001 ****61.25

DOCUMENT # N23282					
1. Entry Name PINE RIDGE AT DELRAY BEACH MASTER ASSOCIATION, INC.					
Principal Place of Business 13751 ONEIDA DR DELRAY BCH, FL 33446 US			Mailing Address 13751 ONEIDA DR DELRAY BCH, FL 33446 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0018852	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDWASSER, EDWIN 7816 MANSFIELD HOLLOW RD DELRAY BCH, FL 33446			Name RILLERO, RALPH Street Address (P.O. Box Number is Not Acceptable) 7849 MANSFIELD HOLLOW RD DELRAY BEACH City FL Zip Code 33446		
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 			DATE April 22, 2004		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRAUNSTEIN, MYRA		NAME		
STREET ADDRESS	13790 ONEIDA DR D-1		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BACKER, JEAN		NAME		
STREET ADDRESS	13890 ONEIDA DR C-1		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	TD SIMILES, KURT SIMILES, KURT (MISPELLED)	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIMILES, KURT		NAME		
STREET ADDRESS	7613 MANSFIELD HOLLOW RD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEINER, SAUL B		NAME		
STREET ADDRESS	7852 MANSFIELD HOLLOW		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL 33446		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	PP RALPH RILLERO	☒ Change ☐ Addition
NAME	GOLDWASSER, EDWIN		NAME	7849 MANSFIELD HOLLOW RD	
STREET ADDRESS	7816 MANSFIELD HOLLOW RD		STREET ADDRESS	DELRAY BEACH, FLA 33446	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 			Myra BRAUNSTEIN		496-6727
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #