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. Entity Name
PINE RIDGE AT DELRAY BEACH MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13751 ONEIDA DR DELRAY BCH, FL 33446 US	13751 ONEIDA DR DELRAY BCH, FL 33446 US

01062004 Chg-NP CR2E037 (10/03)

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~~ ~~7616 MANSFIELD HOLLOW RD~~ ~~DELRAY BCH, FL 33446~~	Name RILLERO, RALPH Street Address (P.O. Box Number is Not Acceptable) 7849 MANSFIELD HOLLOW RD. City DELRAY BEACH 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 Ralph R. Rillero April 22, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRAUNSTEIN, MYRA 13790 ONEIDA DR D-1 DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACKER, JEAN 13890 ONEIDA DR C-1 DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIMILES, KURT ~~SMILES, KURT~~ (MISSPELLED) 7613 MANSFIELD HALLOW RD DELRAY BEACH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEINER, SAUL B 7952 MANSFIELD HOLLOW DELRAY BCH, FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~GOLDWASSER, EDWIN~~ ~~7616 MANSFIELD HOLLOW RD~~ ~~DELRAY BEACH, FL 33446~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RALPH RILLERO 7849 MANSFIELD HOLLOW RD DELRAY BEACH, FLA 33446 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 MYRA BRAUNSTEIN 496-6727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #