

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90387 005 \*\*\*\*61.25

**DOCUMENT # N23282**

1. Entity 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

**RILLERO, RALPH  
7849 MANSFIELD HOLLOW RD.  
DELRAY BEACH FL 33446**

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

*Ralph Rillero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-2005**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE **SD** ☐ Delete  
NAME **BRAUNSTEIN, MYRA**  
STREET ADDRESS **13790 ONEIDA DR D-1**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ Delete  
NAME **BACKER, JEAN**  
STREET ADDRESS **13890 O'NEIDA DR C-1**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **TD** ☒ Delete  
NAME **SIMILES, KURT**  
STREET ADDRESS **7613 MANSFIELD HOLLOW RD**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VD** ☐ Delete  
NAME **WEINER, SAUL B**  
STREET ADDRESS **7952 MANSFIELD HOLLOW**  
CITY-ST-ZIP **DELRAY BCH FL 33446**

TITLE **PD** ☐ Delete  
NAME **RILLERO, RALPH**  
STREET ADDRESS **7849 MANSFIELD HOLLOW RD**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition  
NAME **PETER LORENZ**  
STREET ADDRESS **13891 ONEIDA DRIVE**  
CITY-ST-ZIP **DELRAY BEACH, FL. 33446**

TITLE **D** ☐ Change ☒ Addition  
NAME **MILTON LAMPEL**  
STREET ADDRESS **7949 MANSFIELD HOLLOW**  
CITY-ST-ZIP **DELRAY BEACH, FL. 33446**

TITLE **D** ☐ Change ☒ Addition  
NAME **LYNN ZITKUS**  
STREET ADDRESS **13791 ONEIDA DRIVE D-3**  
CITY-ST-ZIP **DELRAY BEACH, FL. 33446**

TITLE **D** ☒ Change ☐ Addition  
NAME **MARCIA PECKINS**  
STREET ADDRESS **13851 ONEIDA DR. E-2**  
CITY-ST-ZIP **DELRAY BEACH, FL. 33446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Ralph Rillero*

**RALPH RILLERO**

**4-12-2005**

**561-496-3257**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #