


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 010 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0018852	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 WELCH, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7801 MANSFIELD HOLLOW RD. City DELRAY BEACH FL 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 <i>Robert F. Welch</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		ROBERT F. WELCH <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/21/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORENZ, PETER 13891 OMEIDA DRIVE DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPEL, MILTON 7949 MANSFIELD HOLLOW DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZITEUS, LYNN 13791 OMEIDA DRIVE, D-3 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECKINS, MARCIA 13851 OMEIDA DR, E-2 DELRAY BCH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINS, JIM 13830 ONEIDA DRIVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUSS, SYLVIA 13830 ONEIDA DR B1 DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEINER, SAUL 7952 MANSFIELD HOLLOW RD DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SICKLES, STAN 7873 MANSFIELD HOLLOW RD. DELRAY BEACH, FL 33446
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 like empowered.					
SIGNATURE: <i>John M. Lorenz</i>		Peter A. Lorenz		03/21/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		(561) 637-8858 <small>Daytime Phone #</small>	

~0008067



02012007 Chg-NP CR2E037 (12/06)