

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90016 014 ****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

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



2nd MOORE

CR2E037 (4/08)

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

**WELCH, ROBERT
7881 MANSFIELD HOLLOW ROAD
DELRAY BEACH FL 33446**

Name

EDWIN GOLDWASSER, PRES

Street Address (P.O. Box Number is Not Acceptable)

7616 MANSFIELD HOLLOW ROAD

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

Edwin Goldwasser, PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

AUG 4, 2008

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

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 TD ☒ Delete
NAME LORENZ, PETER
STREET ADDRESS 13891 OMEIDA DRIVE
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE **TREASURER/DIRECTOR** ☒ Change ☐ Addition
NAME **HARRY LAFFER**
STREET ADDRESS **7664 MANSFIELD HOLLOW ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE D ☒ Delete
NAME LAMPEL, MILTON
STREET ADDRESS 7949 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE **DIRECTOR - VICE PRES** ☐ Change ☒ Addition
NAME **SAUL WEINER**
STREET ADDRESS **7952 MANSFIELD HOLLOW ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE D ☐ Delete
NAME ZITEUS, LYNN
STREET ADDRESS 13791 OMEIDA DRIVE, D-3
CITY-ST-ZIP DELRAY BEACH FL 33446

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

TITLE D ☒ Delete
NAME KAMINS, JIM
STREET ADDRESS 15830 ONEIDA DRIVE
CITY-ST-ZIP DELRAY BCH FL 33446

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ANNETTE BORENSTEIN**
STREET ADDRESS **13870 ONEIDA DR G-1**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE PD ☒ Delete
NAME BRUSS, SYLVIA
STREET ADDRESS 13830 ONEIDA DR B1
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **SUSAN KRAMER**
STREET ADDRESS **13870 ONEIDA DR - E-2**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE VD ☒ Delete
NAME SICKLES, STAN
STREET ADDRESS 7873 MANSFIELD HOLLOW RD
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RAYMOND CONGLETON**
STREET ADDRESS **7873 MANSFIELD HOLLOW**
CITY-ST-ZIP **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:

Edwin Goldwasser

AUG 4, 2008