2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23282

FILED Jul 06, 2009 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
13751 ON DELRAY E	EIDA DR BCH, FL 33446 US	
Current N	lailing Address:	New Mailing Address:
13751 ON DELRAY E	EIDA DR BCH, FL 33446 US	
In accordan	:: 65-0018852 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did	•
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
7616 MAN	SSER, EDWIN ISFIELD HOLLOW ROAD BEACH, FL 33446 US	
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	TD () Delete LAFFER, HARRY 7664 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP/D () Delete WEINER, SAUL 7952 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446	Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address:	WEINER, SAUL 7952 MANSFIELD HOLLOW ROAD	Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WEINER, SAUL 7952 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446 D () Delete ZITEUS, LYNN 13791 OMEIDA DRIVE, D-3	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	WEINER, SAUL 7952 MANSFIELD HOLLOW ROAD DELRAY BEACH, FL 33446 D () Delete ZITEUS, LYNN 13791 OMEIDA DRIVE, D-3 DELRAY BEACH, FL 33446 D () Delete BORENSTEIN, ANNETTE 13870 ONEIDA DR, G-1	Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: MURDOCK, CAROL Address: 13851 ONEIDA DR, C-2

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN GOLDWASSER PRES 07/06/2009