

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-07-2003 90149 035 ****61.25

DOCUMENT # N23282

1. Entity Name

**PINE RIDGE AT DELRAY BEACH MASTER ASSOCIATION, I
NC.**



Principal Place of Business

13751 ONEIDA DR
DELRAY BCH FL 33446

Mailing Address

13751 ONEIDA DR
DELRAY BCH FL 33446 - 3302

US

US

55038807



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

Name

GOLDWASSER, EDWIN

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

7616 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

Edwin Goldwasser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **VD** ☒ Delete
NAME **BRAUNSTEIN, MYRA**
STREET ADDRESS **13740 ONEIDA DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☒ Delete
NAME **BACKER, JEAN**
STREET ADDRESS **13890 ONEIDA DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

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

TITLE **PD** ☒ Delete
NAME **ELLMAN, HAROLD**
STREET ADDRESS **13901 ONEIDA DR**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY-D** ☒ Change ☐ Addition
NAME **BRAUNSTEIN, MYRA**
STREET ADDRESS **13790 ONEIDA DR-D-1**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☒ Change ☐ Addition
NAME **BACKER, JEAN**
STREET ADDRESS **13890 ONEIDA DR-C-1**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **TREASURER, D** ☐ Change ☐ Addition
NAME **SIMILES, KURT**
STREET ADDRESS **7613 MANSFIELD HOLLOW RD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VICE PRESIDENT-D** ☒ Change ☐ Addition
NAME **WEINER, SAUL B**
STREET ADDRESS **7952 MANSFIELD HOLLOW RD**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **PRESIDENT-D** ☒ Change ☐ Addition
NAME **GOLDWASSER, EDWIN**
STREET ADDRESS **7616 MANSFIELD HOLLOW RD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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

I hereby certify that the information furnished on this report is true and accurate and that I am a director or officer 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

561-495-6717

Daytime Phone #

CR2E037 (10/02)