

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N23283

(7)

1. Corporation Name

PINE RIDGE AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

13751 ONEIDA DRIVE  
DELRAY BEACH FL 33446

Mailing Address

13751 ONEIDA DRIVE  
DELRAY BEACH FL 33446



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMILES, KURT  
7613 MANSFIELD HOLLOW  
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified  
11/02/1987

3a. Date of Last Report  
08/11/1995

4. FEI Number

65-0015645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

List Joe

82

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

7796 LAKE CHAMPLAIN

83

84

City DELRAY BEACH FL

85

Zip Code

33446

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	UNGER, BERTRAM	7613 MANSFIELD HOLLOW ROAD	DELRAY BEACH FL	<input checked="" type="checkbox"/>
VD	BRANNIGAN, DOROTHY	7756 MANSFIELD HOLLOW RD	DELRAY BEACH FL	<input checked="" type="checkbox"/>
SD	RATZENBERG IRVING	7608 MANSFIELD HOLLOW	DELRAY BEACH FL	<input checked="" type="checkbox"/>
TD	GOLDWASSER, EDWIN	7616 MANSFIELD HOLLOW	DELRAY BEACH FL	<input checked="" type="checkbox"/>
D	MANN, EDWARD	7832 LAKE CHAMPLAIN CT	DELRAY BEACH FL	<input type="checkbox"/>
D	POLLAND, JOSEPH	7563 MANSFIELD HOLLOW RD	DELRAY BEACH FL	<input checked="" type="checkbox"/>

11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. DELETE
PRESIDENT	List, Joe	7796 LAKE CHAMPLAIN CT	DELRAY BEACH FL	<input type="checkbox"/>
TREASURER	HECKER, WILLIAM	7945 MANSFIELD HOLLOW	DELRAY BEACH FL	<input checked="" type="checkbox"/>
Sec.	KASSOWER, ED	7838 LAKE CHAMPLAIN CT	DELRAY BEACH FL	<input type="checkbox"/>
D	GOLDBERG, ABE	7725 MANSFIELD HOLLOW	DELRAY BEACH FL	<input checked="" type="checkbox"/>
VICE PRESIDENT	MANN, EDWARD	7832 LAKE CHAMPLAIN CT	DELRAY BEACH FL	<input checked="" type="checkbox"/>
SD	WILANSKY, DAVID	7769 MANSFIELD HOLLOW	DELRAY BEACH FL	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Signature and typed or printed name of signing officer or director

EDWARD MANN VICE-PRESIDENT 1-31-96

401 495-8823

CR2E037 (12/95)