FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔩

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N23283

(7)

PINE RIDGE AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

13751 ONEIDA DRIVE DELRAY BEACH FL 33446

一大人を るると

21

13751 ONEIDA DRIVE

2a. Mailing Address

DELRAY BEACH FL 33446-3302

FILED Feb 11 1997 8:00am Secretary of State



3a. Date of Last Report 02/07/1996

Applied For

Not Applicable

3. Date incorporated or Qualified 11/02/1987

65-0015645

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75 Additi Fee Require	
City & State	9	City & State			6. Election C	ampaign Financing		\$5.00 May	Be
23	2				Trust Fund	Contribution		Added to Fe	es
Zip	Country	Zip	Country.			ration has liability fo	_ ~ _		.032,
24	25 2		<u> </u>		Florida Sta		∐ Yes ∐		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
		PR	ES [81]	Name S	ILVER	MAN. S	MATE	たいしょ	$ \mathbf{P} $
SIMILES,		82	Street Addre	ess (P.O. Box Nu	mber is Not Accepta	ible)			
	NSFIELD HOLLOW	83	7920 MANZFIELD HOLLOW						
DELRAY BEACH FL 33446									
•			84	City	A 12		C)	85 Zip Code	, , ,
44 Description	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4500 Finish Otal In-		DELK	13C1 PM	MCH	FL	334	46
11. Pursuant to the provisions of Sections 617.0502 land 613, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered countries. I hereby accept the appointment as registered agent. I am familia this and accept the obligations of Section 617.0503, Florida Statutes.									
SIGNATURE Signature, typed or printed name of register of agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE									
12.	OFFICERS AND DIF		13.	r a griatare regore		CHANGES TO OFF	ICERS AND D	IRECTORS IN	
TITLE	TD	DELETE	1.1 TITLE	VIU	1.37.	<u> </u>			Addition
NAME	UNGER, BERTRAM		1.2 NAME			WILLAN	ISKY		. }
STREET ADDRESS	7613 MANSFIELD HOLLOW ROAD)	1.3 STREET A			MANSF		Houre	ا بهاد
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-	- ZIP	DEL	AY BEA	CH FL	~~	17
TITLE	VO	DELETE	2.1 TITLE	7 7	CAS.		<u> </u>	Change 🔲	Addition
NAME	BRANNIGAN, DOROTHY		2.2 NAME	' B	JILL HI	ecker			. [
STREET ADDRESS	7756 MANSFIELD HOLLOW RD	,	2.3 STREET A	DDRESS 7		INKS FIE	· · · · · · · · · · · · · · · · · · ·	How	' [
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST		DELRA	4 BEACH			
TITLE	SD	DELETE	3.1 TITLE	3 ვ	FC.		<u> Le</u>	Change 🔲	Addition
NAME }	RATZENBERG IRVING		3.2 NAME	Î	h wr	the		*]
STREET ADDRESS	7608 MANSFIELD HOLLOW	_	3.3 STREET A	DDRESS 7	820 h	AKE CHI	BIN LANGE	HH	}
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY - ST	-ZIP	DELRA	y Fl.			
TITLE	TD	₩ DELETE	4.1 TITLE	$D \mid g$	BARRY	CELTI	NER!	¶Change ∐	Addition
NAME	GOLDWASSER, EDWIN		4. 2 NAME	1 7	868 6	AKE CH	AM P	MIA	,
STREET ADDRESS	7616 MANSFIELD HOLLOW DELRAY BEACH FL		4.3 STREET A	1	E SAY	BEACH	FL		ł
CITY-ST-ZIP	DEUTAT DEACH FL	DELETE	4.4 CITY - ST-	ZIP	200	0 KO 1 A		Change	Addition
TITLE NAME	MANN. EDWARD	∟] <i>V</i> ELCIE	5.1 TITLE 5.2 NAME	$\nu \mid \mathbf{G}$	0 50	DEEMIN			
STREET ADDRESS	7832 LAKE CHAMPLAIN CT	1	5.2 NAME 5.3 STREET A	nnorno	1526 M	PMS FIE	nd H	کالملیان دو	ر ر
1	DELRAY BEACH FL				EL PAU	1 BEAKUS	TIL.	_	1
CATY-ST-ZIP TITLE	D DEGRAT BEACTIFE	DELETE	5.4 CITY-ST- 6.1 TITLE	D	20 54			Change	Addition
NAME	POLLAND, JOSEPH	Carrie	6.2 NAME	الإ ا	ed wh	7 7 7	_		, assured i
STREET ADDRESS	7563 MANSFIELD HOLLOW RD		6.3 STREET A	DOBESS 7	44 LR	KE CHA	whrb	, () • [ļ
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CiTY-ST-	í	SEL RA	Y BEACE	t F	L.	1
14. I do heren		this filing does not qualify for			in Section 119.0	7(3)(i), Florida Statut	es. I further ce	ertify that the	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 directifor the corporation or fine receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name									

STANLEY SILVEDHAM