

\*FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23283** (7)  
1. Corporation Name  
**PINE RIDGE AT DELRAY BEACH HOMEOWNERS ASSOCIATIO  
N, INC.**

Principal Place of Business <b>13751 ONEIDA DRIVE DELRAY BEACH FL 33446</b>	Mailing Address <b>13751 ONEIDA DRIVE DELRAY BEACH FL 33446</b>
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3. Date Incorporated or Qualified <b>11/02/1987</b>	
4. FEI Number <b>65-0015645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>SILVERMAN, STANLEY P 7920 MANSFIELD HOLLOW DELRAY BEACH FL 33446</b>	10. Name and Address of New Registered Agent 81 Name <b>EDWIN GOLDWASSER</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>7616 MANSFIELD HOLLOW</b> 83 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33446</b>
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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 *Edwin Goldwasser* 1-30-98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLANSKY, DAVE</b>	1.2 NAME	
STREET ADDRESS	<b>7769 MANSFIELD HOLLOW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HECKER, BILL</b>	2.2 NAME	<b>HAROLD ELLMAN</b>
STREET ADDRESS	<b>7945 MANSFIELD HOLLOW</b>	2.3 STREET ADDRESS	<b>13901 ONEIDA DR</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALL, AL</b>	3.2 NAME	<b>BERT MEHL</b>
STREET ADDRESS	<b>7820 MANSFIELD HOLLOW</b>	3.3 STREET ADDRESS	<b>7632 MANSFIELD HOLLOW</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELTNER, BARRY</b>	4.2 NAME	<b>SECRETARY DOROTHY BRANNIGAN</b>
STREET ADDRESS	<b>7868 LAKE CHAMPLAIN</b>	4.3 STREET ADDRESS	<b>7756 MANSFIELD HOLLOW</b>
CITY-ST-ZIP	<b>DELRAY FL</b>	4.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>7832 LAKE CHAMPLAIN CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBBERMAN, GUS</b>	6.2 NAME	<b>DIRECTOR KURT SIMILES</b>
STREET ADDRESS	<b>7525 MANSFIELD HOLLOW</b>	6.3 STREET ADDRESS	<b>7613 MANSFIELD HOLLOW</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	6.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>

14. I 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 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: *Edwin Goldwasser* 1-30-98

CR2E037 (10/97)