

DOCUMENT # N23283

1/11/01-9

1. Entity Name

PINE RIDGE AT DELRAY BEACH HOMEOWNERS ASSOCIATIO

Principal Place of Business

13751 ONEIDA DRIVE
DELRAY BEACH FL 33446

Mailing Address

13751 ONEIDA DRIVE
DELRAY BEACH FL 33446**FILED**
Feb 08, 2001 8:00 am
Secretary of State

01-11-2001 90042 037 ***61.25

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0015645

Applied For
Not Applicable

Zip

Country

Zip

Country

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

EDWIN GOLDWASSER
7616 MANSFIELD HOLLOW
DELRAY BEACH FL 33446

Name

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

City

FL

Zip Code

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.

SIGNATURE

Edwin Goldwasser

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

(NOTE: Registered Agent signature required when reinstating)

1/25/01
DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLANSKY, DAVE
STREET ADDRESS 7769 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FLTITLE S ☒ Delete
NAME RATZENBERG, IRVING
STREET ADDRESS 7608 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FL 33446TITLE D ☐ Delete
NAME LAMPEL, GLORIA
STREET ADDRESS 7949 MANSFIELD HOLLOW ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446TITLE VP ☐ Delete
NAME DOROTHY BRANNIGAN
STREET ADDRESS 7756 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY FL 33446TITLE D ☒ Delete
NAME BOAKER, SEMORE
STREET ADDRESS 7693 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FLTITLE D ☐ Delete
NAME KURT SIMILES
STREET ADDRESS 7613 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FL 33446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PRESIDENT ☐ Change ☐ Addition
NAME EDWIN GOLDWASSER
STREET ADDRESS 7616 MANSFIELD HOLLOW
CITY-ST-ZIP DELRAY BEACH FL 33446TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edwin Goldwasser REQUIRED EDWIN GOLDWASSER 1/5/01 561-495-6717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)