2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am Secretary of State DOCUMENT # N23283 1. Entity Name 02-22-2006 90017 004 ****61.25 PINE RIDGE AT DELRAY BEACH HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 13751 ONEIDA DRIVE 13751 ONEIDA DRIVE DELRAY BEACH FL 33446 **DELRAY BEACH FL 33446** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, ato Suite, Apt. #, etc. 1st MOORE *CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 65-0015645 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMPEL, GLORIA Street Address (P.O. Box Number is Not Acceptable) 7949 MÁNSFIELD HOLLOW RD. **DELRAY BEACH FL 33446** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Standare, 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 \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PRESIDENT Change TITLE ■ Addition TITLE Detete BRANNIGAN, DOROTHY LAMPEL, GLORIA NAME NAME 7756 MANSFIELD HOLLOW RD. 7949 MANSFIELD HOLLOW RD. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33446 CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP VICE - PRESIDEN Change . M Delete TITLE TITLE ☐ Addition BRANNIGAN, DOROTHY LAMPEL, GLORIA NAME NAME 7756 MANSFIELD HOLLOW RD. STREET ADDRESS 7949 MANSFIELD HOLLOW RD. STREET ADDRESS City-St_7(9 DELRAY BEACH FL, 33446 CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE Addition TITLE ☐ Delete NAME GOLBERG, KENNETH NAME STREET ADDRESS 7677 MANSFIELD HOLLOW STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **DELRAY BEACH FL 33446** ☐ Delete TITLE Change ☐ Addition TITLE LORENZ, MARY NAME NAME STREET ADDRESS 13891 ONEIDA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Defete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 reveiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 absence of the corporation of the corporation of the corporation of the reveiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

if changed, or on an attac

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