

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744719

**Entity Name:** THE PINES OF DELRAY NORTH ASSOCIATION, INC.**Current Principal Place of Business:**THE PINES OF DELRAY NORTH ASSOCIATION  
1431 NW 18TH AVENUE  
DELRAY BEACH, FL 33445**Current Mailing Address:**THE PINES OF DELRAY NORTH ASSOCIATION  
1431 NW 18TH AVENUE  
DELRAY BEACH, FL 33445 US**FEI Number:** 59-1886546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOPELOWITZ OSTROW  
1 W. LAS OLAS BLVD., SUITE 500  
FORT LAUDERDALE, FL 33301 US*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:** SCOTT HYMAN

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MASSARO, GENNARO  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            SECRETARY  
Name            ROSS , MARGO  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            PRESIDENT  
Name            FABRIZI, JOHN  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            LONGO, LORI  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            TREASURER  
Name            SACCO, RON  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            ELSINGER, LOIS  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            DIRECTOR  
Name            BROGNA, HENRY  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

Title            VP  
Name            JOHNSON, RICHARD  
Address        1431 NW 18TH AVENUE  
City-State-Zip: DELRAY BEACH FL 33445

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN FABRIZI

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	CRENADES, MARGARET
Address	1431 NW 18TH AVENUE
City-State-Zip:	DELRAY BEACH FL 33445