

2015 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
1420 NW 18TH AVENUE
DELRAY BEACH, FL 33445**Current Mailing Address:**THE PINES OF DELRAY NORTH ASSOCIATION
1420 NW 18TH AVENUE
DELRAY BEACH, FL 33445 US**FEI Number: 59-1886546****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSTIN & ASSOCIATES
40 SE 5TH STREET STE 610
BOCA RATON, FL 33432 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FENLON, JIM
Address 1420 NW 18TH AVE #201
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GAINES, ARNOLD
Address 1521 NW 18TH AVE #104
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name CICIO, WILLIAM
Address 1600 NW 18TH AVE
 203
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name SAMMARTANO, MIKE
Address 1720 NW 20TH AVE
 204
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name TAVANO, THERESE
Address 1361 NW 19TH TERR #204
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name KAUFMAN, CARYL
Address 1571 NW 20TH AVE
 204
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name SYLVESTER, BOB
Address 1640 NW 18TH AVE.
 203
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name CORNETT, CHARLES
Address 1720 NW 19TH TER
 201
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: JIM FENLON**PRESIDENT****03/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	AUGUR, THOMAS
Address	1341 NW 20TH AVE 202
City-State-Zip:	DELRAY BEACH FL 33445