

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713963 (7)

1. Corporation Name

PENTHOUSE DELRAY ASSOCIATION INC.



Principal Place of Business: 1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6401
Mailing Address: 1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6401

3. Date Incorporated or Qualified: **01/17/1968**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: **59-1231507**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARY ANN WYNNE
1910 S OCEAN BLVD
DELRAY BCH FL 33483

81 Name: **Robert T. Conway**
82 Street Address (P.O. Box Number is Not Acceptable): **1910 So. Ocean Blvd**
83 City: **Delray Beach, FL 33483**
84 City: **FL** 85 Zip Code

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: *Robert T. Conway* **Robert T. Conway** **March 6, 1996**
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: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONWAY, ROBERT T.		1.2 NAME	
STREET ADDRESS: 132C		1.3 STREET ADDRESS: 1910 So. Ocean Blvd.	
CITY-ST-ZIP: DELRAY BCH, FL 00000		1.4 CITY-ST-ZIP: Delray Beach FL 33483	
TITLE: VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WYNNE, MARY ANN		2.2 NAME	
STREET ADDRESS: 1910 S.OCEAN BLVD.		2.3 STREET ADDRESS: 1910 So. Ocean Blvd	
CITY-ST-ZIP: DELRAY BCH, FL 00000		2.4 CITY-ST-ZIP: Delray Beach, FL 33483	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ECHTEMEYER, MARGARET		3.2 NAME	
STREET ADDRESS: 1910 S OCEAN BLVD		3.3 STREET ADDRESS: 1910 So. Ocean Blvd.	
CITY-ST-ZIP: DELRAY BCH, FL 00000		3.4 CITY-ST-ZIP: Delray Beach, FL 33483	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIFRANDESCO, THOMAS		4.2 NAME	
STREET ADDRESS: 1910 S OCEAN BLVD		4.3 STREET ADDRESS: DiFrancesco	
CITY-ST-ZIP: DELRAY BCH, FL 00000		4.4 CITY-ST-ZIP: Delray Beach FL 33483	
TITLE: TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOPWOOD, LEE		5.2 NAME	
STREET ADDRESS: 1910 S OCEAN BLVD		5.3 STREET ADDRESS: Delray Beach FL 33483	
CITY-ST-ZIP: DELRAY BCH, FL 00000		5.4 CITY-ST-ZIP: Delray Beach FL 33483	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lee Hopwood* **Lee Hopwood** **3-6-96** **276-6994**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)