


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **713963** (7)

1. Corporation Name

PENTHOUSE DELRAY ASSOCIATION INC.



Principal Place of Business	Mailing Address
1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6401	1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483-6425

3. Date Incorporated or Qualified 01/17/1968	3a. Date of Last Report 03/12/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1231507	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONWAY, ROBERT T.
1910 SOUTH OCEAN BLVD
DELRAY BCH FL 33483**

81 Name Ann Wynne
82 Street Address (P.O. Box Number Is Not Acceptable) 1910 So. Ocean Blvd.
83
84 City Delray Beach FL 85 Zip Code 33483

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 Ann Wynne (ANN WYNNE) 3/28/97
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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, ROBERT T.	1.2 NAME	Ann Wynne
STREET ADDRESS	1910 SOUTH OCEAN BLVD	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, HAROLD	2.2 NAME	Bill Echtermeyer
STREET ADDRESS	1910 SOUTH 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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIENOW, MARGUERITE	3.2 NAME	
STREET ADDRESS	1910 S OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI FRANCESCO, THOMAS	4.2 NAME	Linda Burns
STREET ADDRESS	1910 S OCEAN BLVD	4.3 STREET ADDRESS	1910 So Ocean Blvd
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPWOOD, LEE	5.2 NAME	
STREET ADDRESS	1910 S OCEAN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: Lee Hopwood **Lee Hopwood** 3-28-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044807

CR2E037 (9/96)