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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

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 33483-6425

3. Date Incorporated or Qualified: 01/17/1968
3a. Date of Last Report: 03/12/1996
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
CONWAY, ROBERT T.
1910 SOUTH OCEAN BLVD
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent
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) DATE: 3/28/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, ROBERT T.	
STREET ADDRESS	1910 SOUTH OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, HAROLD	
STREET ADDRESS	1910 SOUTH OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RIENOW, MARGUERITE	
STREET ADDRESS	1910 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DIFRANCESCO, THOMAS	
STREET ADDRESS	1910 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOPWOOD, LEE	
STREET ADDRESS	1910 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ann Wynne
1.3 STREET ADDRESS	1910 So. Ocean Blvd
1.4 CITY-ST-ZIP	Delray Beach, FL 33483
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bill Echtermeyer
2.3 STREET ADDRESS	1910 So. Ocean Blvd
2.4 CITY-ST-ZIP	Delray Beach, FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Burns
4.3 STREET ADDRESS	1910 So Ocean Blvd
4.4 CITY-ST-ZIP	Delray Beach, FL 33483
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)