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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90123 025 \*\*\*\*61.25

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DOCUMENT # 713963

1. Corporation Name

PENTHOUSE DELRAY ASSOCIATION INC.

Principal Place of Business

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483

Mailing Address

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH FL 33483



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/17/1968

4. FEI Number

59-1231507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C ESQ  
C/O BECKER & POLAKOFF, P.A.  
500 AUSTRALIAN AVE. SO., 9TH FLOOR  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RIENOW, PEGGY  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE VP ☐ DELETE

NAME ECHTERMEYER, BILL  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE SD ☒ DELETE

NAME BURNS, LINDA  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ DELETE

NAME WYNNE, LLOYD  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE TD ☒ DELETE

NAME HOPWOOD, LEE  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ DELETE

NAME MILILLO, NAT  
STREET ADDRESS 1910 SOUTH OCEAN BLVD.  
CITY-ST-ZIP DELRAY BEACH FL 33483

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)