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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified

01/17/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-1231507

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

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

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE  Change  Addition

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

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE

3.1 TITLE  Change  Addition

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

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

SECRETARY  
 DEBRA JOHNSON  
 1910 S. OCEAN BLVD. #200  
 DELRAY BEACH, FL 33483

TITLE  DELETE

4.1 TITLE  Change  Addition

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

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

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

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TREASURER  
 DONNA FRANK  
 1910 S. OCEAN BLVD. #310  
 DELRAY BEACH, FL 33483

TITLE  DELETE

6.1 TITLE  Change  Addition

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

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

JOSEPH O'DONNELL  
 1910 S. OCEAN BLVD #206  
 DELRAY BEACH, FL 33483

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

*Marqueto Rienow 3/3/99 5612766994*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)