

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 713963</b> 1. Entity Name <b>PENTHOUSE DELRAY ASSOCIATION INC.</b>					
Principal Place of Business <b>1910 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483</b>			Mailing Address <b>1910 SOUTH OCEAN BLVD. DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1231507</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MOLLENGARDEN, PETER C ESQ C/O BECKER &amp; POLAIKOFF, P.A. 500 AUSTRALIAN AVE. SO., 9TH FLOOR WEST PALM BEACH, FL 33401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right;"> <b>000000315584</b>  <b>04/19/05-80041-019 61.25</b> </div>	
NAME	<b>CONSTAND, ANTHONY</b>		NAME		
STREET ADDRESS	<b>4662 BROMFIELD AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VIRGINIA BEACH, VA 23455</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CONWAY, ROBERT</b>		NAME		
STREET ADDRESS	<b>1910 SOUTH OCEAN BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUFFILL, GAIL</b>		NAME		
STREET ADDRESS	<b>52 HOMERS DOCKS ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>YARMOUTH PORT, MA 02675</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POSTELL, MONICA</b>		NAME		
STREET ADDRESS	<b>1910 SOUTH OCEAN BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DESIMONE, EUGENE</b>		NAME		
STREET ADDRESS	<b>1910 SOUTH OCEAN BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOWEN, MAUREEN</b>		NAME		
STREET ADDRESS	<b>1842 18 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>GREELEY, CO 80631</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Monica Postell</i> <b>MONICA POSTELL</b>			<b>April 1, 2005</b> <b>561-219-8251</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		