

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90064 032 ****61.25

DOCUMENT # 713963

1. Entity 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

40024193



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1231507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **CONSTAND, ANTHONY**
STREET ADDRESS **4662 BROMFIELD AVENUE**
CITY-ST-ZIP **VIRGINIA BEACH, VA 23455**

TITLE **D** ☐ Change ☒ Addition
NAME **JOSEPH DE LAUZON**
STREET ADDRESS **8 LINDA LANE EAST**
CITY-ST-ZIP **RIVERHEAD, NY 11901**

TITLE **D** ☐ Delete
NAME **GEANY, JOHN**
STREET ADDRESS **101 SPRING STREET**
CITY-ST-ZIP **LEXINGTON, MA 02421**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DUFFILL, GAIL**
STREET ADDRESS **52 HOMERS DOCKS ROAD**
CITY-ST-ZIP **YARMOUTH PORT, MA 02675**

TITLE **D** ☐ Change ☒ Addition
NAME **SHANNON, DOROTHY**
STREET ADDRESS **44 MYSTIC RIVER ROAD**
CITY-ST-ZIP **MEDFORD, MA 02155**

TITLE **SD** ☐ Delete
NAME **POSTELL, MONICA**
STREET ADDRESS **1910 SOUTH OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WIDMANN, HOWARD**
STREET ADDRESS **1910 SOUTH OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BOWEN, MAUREEN**
STREET ADDRESS **1910 SOUTH BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Monica Postell

Feb 22, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #