

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713963

**FILED**  
**Feb 07, 2010**  
**Secretary of State**

**Entity Name:** PENTHOUSE DELRAY ASSOCIATION INC.

**Current Principal Place of Business:**

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 59-1231507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL ROSENBAUM  
250 AUSTRALIAN AVE SOUTH  
STE 500  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** CONSTAND, ANTHONY  
**Address:** 4662 BROMFIELD AVENUE  
**City-St-Zip:** VIRGINIA BEACH, VA 23455

**Title:** D  
**Name:** RESNICK, ARTHUR  
**Address:** 3 KINGS PARK DRIVE  
**City-St-Zip:** RYE BROOK, NY 10573

**Title:** D  
**Name:** DUFFILL, GAIL  
**Address:** 52 HOMERS DOCK ROAD.  
**City-St-Zip:** YARMOUTHPORT, MA 02675

**Title:** SD  
**Name:** POSTELL, MONICA  
**Address:** 1910 SOUTH OCEAN BLVD  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** VD  
**Name:** WIDMANN, HOWARD  
**Address:** 1910 SOUTH OCEAN BLVD  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** P  
**Name:** BOWEN, MAUREEN  
**Address:** 1910 SOUTH BLVD  
**City-St-Zip:** DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MAUREEN BOWEN

P

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date