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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719123 (2)
1. Corporation Name
DELRAY DUNES FAIRWAY VILLAS, INC.

Principal Place of Business: 16 FAIRWAY DR. BOYNTON BEACH FL 33436
Mailing Address: C/O D FLYNN CPA 7138 LAKE WORTH RD LAKE WORTH FL 33462 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1970
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-1382375
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 2 FAIRWAY DR. 22 BOYNTON BEACH FL 24 33436
2a. Mailing Address: 26 27 28 29 30

9. Name and Address of Current Registered Agent: FLYNN, DENNIS P 7138 LAKE WORTH RD LAKE WORTH FL 33467
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 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TAGGART, JAMES	1.1 TITLE: PD	ROBERT CAMERON
STREET ADDRESS: 19 FAIRWAY DR.	CITY-ST-ZIP: BOYNTON BEACH, FL 0	1.2 NAME: ROBERT CAMERON	1.3 STREET ADDRESS: 2 FAIRWAY DRIVE
TITLE: TD TREAS	NAME: JOHNSTON, BEVERLY	1.4 CITY-ST-ZIP: BOYNTON BEACH FL, 33436	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6 FAIRWAY DR	CITY-ST-ZIP: BOYNTON BEACH, FL 0	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: VD	NAME: MEETEER, THOMAS	2.4 CITY-ST-ZIP:	3.1 TITLE: RICHARD H. ROEGERS
STREET ADDRESS: 16 FAIRWAY DRIVE	CITY-ST-ZIP: BOYNTON BEACH, FL 0	3.2 NAME:	3.3 STREET ADDRESS: #8 FAIRWAY DR.
TITLE: SD	NAME: MCPHEE, WARREN	3.4 CITY-ST-ZIP:	BOYNTON, Bch, FL 33436
STREET ADDRESS: 17 FAIRWAY DRIVE	CITY-ST-ZIP: BOYNTON BEACH FL	4.1 TITLE: V.PRES. DIR	4.2 NAME: WILBUR W. HORNE
TITLE:	NAME:	4.3 STREET ADDRESS: #4 FAIRWAY DR	4.4 CITY-ST-ZIP: BOYNTON, Bch, FL 33436
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE: SAG. DIR	5.2 NAME: JOHN J. NESS
TITLE:	NAME:	5.3 STREET ADDRESS: #12 FAIRWAY DR	5.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE:	6.2 NAME:
TITLE:	NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: R. E. CAMERON
DATE: Feb 10, 1995