

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**2 FAIRWAY DR.  
BOYNTON BEACH FL 33436  
US**

Mailing Address  
**C/O D FLYNN CPA  
~~7138 LAKE WORTH RD~~  
LAKE WORTH FL 33462  
US**

3. Date Incorporated or Qualified  
**03/10/1970**

3a. Date of Last Report  
**03/01/1995**

4. FEI Number  
**59-1382375**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

2. Principal Place of Business

21

2a. Mailing Address  
**3918 VIA POINCIANA**

26

Suite, Apt. #, etc.  
**SUITE 9**

27

City & State

28

Zip

29

Country

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)  
**3918 VIA POINCIANA, SUITE 9**

83

84 City  
**LAKE WORTH**

85 Zip Code  
**FL 33467**

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]* DATE: **1/20/95**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>CAMERON, ROBERT</b>	
STREET ADDRESS	<b>2 FAIRWAY DRIVE</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH, FL 0</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSTON, BEVERLY</b>	
STREET ADDRESS	<b>6 FAIRWAY DR</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH, FL 0</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>ROEGIERS, RICHARD H</b>	
STREET ADDRESS	<b>#8 FAIRWAY DR.</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH, FL 0</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<del>HORNES, WILBUR W</del> <b>Lorne, Wilbur W.</b>	
STREET ADDRESS	<b>#4 FAIRWAY DR</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HESS, JOHN J</b>	
STREET ADDRESS	<b>#12 FAIRWAY DR</b>	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Pres. # Treas, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>Asst Treas-SEC, D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Thomas Meeteer</b>	
2.3 STREET ADDRESS	<b># 16 Fairway Dr.</b>	
2.4 CITY - ST - ZIP	<b>Boynton Bch Fl. 33436</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	<b>800001746406</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>-03/18/96--01031--022</b>	
4.3 STREET ADDRESS	<b>***61.25</b>	
4.4 CITY - ST - ZIP		
5.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Herrmeyer, Gene</b>	
5.3 STREET ADDRESS	<b># 18 Fairway Dr</b>	
5.4 CITY - ST - ZIP	<b>Boynton Bch Fl 33436</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 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 119.07(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: *[Signature]* DATE: **1/19/95** DAYTIME PHONE: **407 467 1008**

CR2E037 (12/95)

3-18-1996