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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

2 FAIRWAY DR.
BOYNTON BEACH FL 33436
US

C/O D FLYNN CPA
3918 VIA POINCIANA SUITE 9
LAKE WORTH FL 33467-2991
US

3. Date Incorporated or Qualified
03/10/1970

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1382375

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, DENNIS P
7138 LAKE WORTH RD
LAKE WORTH FL 33467

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 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

R.E. CAMERON, PWS.

1/10/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PDT
NAME: CAMERON, ROBERT
STREET ADDRESS: 2 FAIRWAY DRIVE
CITY - ST - ZIP: BOYNTON BEACH, FL 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: ATSD
NAME: MEETEER, THOMAS
STREET ADDRESS: #16 FAIRWAY DR.
CITY - ST - ZIP: BOYNTON BEACH FL 33436

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE: VPD
NAME: ROEGIERS, RICHARD H
STREET ADDRESS: #8 FAIRWAY DR.
CITY - ST - ZIP: BOYNTON BEACH, FL 0

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE: VPD
NAME: LORNE, WILBUR W
STREET ADDRESS: #4 FAIRWAY DR
CITY - ST - ZIP: BOYNTON BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE: S
NAME: HERRMEYER, GENE
STREET ADDRESS: #18 FAIRWAY DR
CITY - ST - ZIP: BOYNTON BEACH FL 33436

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE: [] DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Cameron, PWS

Date 1/10/96

Daytime Phone # 0044048

CR2E037 (9/96)