

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

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719123 (2)**

1. Corporation Name  
**DELRAY DUNES FAIRWAY VILLAS, INC.**



Principal Place of Business <b>2 FAIRWAY DR. BOYNTON BEACH FL 33436 US</b>	Mailing Address <b>C/O D FLYNN CPA 3918 VIA POINCIANA SUITE 9 LAKE WORTH FL 33462 US</b>
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3. Date Incorporated or Qualified <b>03/10/1970</b>	
4. FEI Number <b>59-1382375</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21 16 Fairway DR</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Boynton Beach FL</b>	City & State <b>28</b>
Zip <b>24 33436</b>	Country <b>25 US</b>
Country <b>29 US</b>	Zip <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>ASST. SEC D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMERON, ROBERT</b>	1.2 NAME	<b>PAUL R. HOGUES</b>
STREET ADDRESS	<b>2 FAIRWAY DRIVE</b>	1.3 STREET ADDRESS	<b>5 FAIRWAY DR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 0</b>	1.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<b>ATSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT + TREASURER D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEETEER, THOMAS</b>	2.2 NAME	<b>Meeteer, Thomas</b>
STREET ADDRESS	<b>#16 FAIRWAY DR.</b>	2.3 STREET ADDRESS	<b>16 FAIRWAY DR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	2.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>ROEGIERS, RICHARD H</b>	3.2 NAME	
STREET ADDRESS	<b>#8 FAIRWAY DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 0</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LORNE, WILBUR W</b>	4.2 NAME	<b>MANAS, ARTURO D</b>
STREET ADDRESS	<b>#4 FAIRWAY DR</b>	4.3 STREET ADDRESS	<b>10 FAIRWAY DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERRMEYER, GENE</b>	5.2 NAME	<b>MORRILL, BETTY D</b>
STREET ADDRESS	<b>#18 FAIRWAY DR</b>	5.3 STREET ADDRESS	<b>14 FAIRWAY DRIVE</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	5.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<b>ASST. SEC D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PAUL R. HOGUES</b>
1.3 STREET ADDRESS	<b>5 FAIRWAY DR</b>
1.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
2.1 TITLE	<b>PRESIDENT + TREASURER D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Meeteer, Thomas</b>
2.3 STREET ADDRESS	<b>16 FAIRWAY DR</b>
2.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MANAS, ARTURO D</b>
4.3 STREET ADDRESS	<b>10 FAIRWAY DRIVE</b>
4.4 CITY-ST-ZIP	<b>BOYNTON BCH FL 33436</b>
5.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MORRILL, BETTY D</b>
5.3 STREET ADDRESS	<b>14 FAIRWAY DRIVE</b>
5.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_ **THOMAS MEETEER 1/8/98 (361) 732-9892**

CR25037 (10/97)