


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90107 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719123**

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

Principal Place of Business 16 FAIRWAY DR BOYNTON BEACH FL 33436 US	Mailing Address C/O D FLYNN CPA <del>8019 VIA POINCIANA SUITE 9</del> LAKE WORTH FL 33462 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. <b>3898 Via Poinciana</b>	03/10/1970
22. City & State	27. <b>#13</b>	4. FEI Number
23. Zip	28. <b>LAKE WORTH</b>	59-1382375
24. Country	29. <b>FL</b>	5. Certificate of Status Desired <input type="checkbox"/>
	30. <b>USA</b>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing <input type="checkbox"/>
		<b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**FLYNN, DENNIS P**  
~~7136 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)  
**3898 VIA POINCIANA**

83. **#13**

84. City **LAKE WORTH** FL 85. Zip Code **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, PAUL R	
STREET ADDRESS	5 FAIRWAY DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 0 33436	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MEETEER, THOMAS	
STREET ADDRESS	#16 FAIRWAY DR.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROEGIERS, RICHARD H	
STREET ADDRESS	#8 FAIRWAY DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 0	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MANAS, ARTURO	
STREET ADDRESS	10 FAIRWAY DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORRILL, BETTY	
STREET ADDRESS	14 FAIRWAY DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MS. MAIXIE FRY	
1.3 STREET ADDRESS	* 10 FAIRWAY DR.	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33436	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD FILLION	
4.3 STREET ADDRESS	* 17 FAIRWAY DR.	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL. 33436	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Thomas V. Meeteer 1/3/99 (661) 732-9892*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)