2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90002 036 ****61.25

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01092004 Chg-NP CR2E037 (10/03)

DOCUMENT # 719123

1. Entity Name
DELRAY DUNES FAIRWAY VILLAS, INC.

Principal Place of Business
50 FAIRWAY DRIVE
BOYNTON BEACH, FL 33436 US

Mailing Address
3898 VIA POINCANA
#13
LAKE WORTH, FL 33462 US

2. Principal Place of Business
5 FAIRWAY DRIVE

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

Zip 33436 Country US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-1382375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLYNN, DENNIS P
3898 VIA POINCIANA
#13
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRUNNBERG, BENGT	NAME	
STREET ADDRESS	5 FAIRWAY DR	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROEGIERS, RICHARD H	NAME	
STREET ADDRESS	#8 FAIRWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 0,	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FILLION, EDWARD	NAME	
STREET ADDRESS	17 FAIRWAY DR.	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LORNE, BILL	NAME	
STREET ADDRESS	4 FAIRWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COFFEY, ALICE	NAME	
STREET ADDRESS	9 FAIRWAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 1-15-04 561-742-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #