


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 719123</b> 1. Entity Name DELRAY DUNES FAIRWAY VILLAS, INC.	
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Principal Place of Business 5 FAIRWAY DRIVE BOYNTON BEACH, FL 33436 US	Mailing Address 3898 VIA POINCIANA #13 LAKE WORTH, FL 33462 US
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1382375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	01/13/05-80032-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUNNBERG, BENGT 5 FAIRWAY DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROEGIERS, RICHARD H #8 FAIRWAY DR. BOYNTON BEACH, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FILLION, EDWARD 17 FAIRWAY DR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORNE, BILL 4 FAIRWAY DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COFFEY, ALICE 9 FAIRWAY DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Brunnberg* **1-10-05 561-742-0066**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #