


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 031 ****61.25

40003794



DOCUMENT # 719123					
1. Entity Name DELRAY DUNES FAIRWAY VILLAS, INC.					
Principal Place of Business 3898 VIA POINCIANA SUITE 13 LAKE WORTH, FL 33467 US		Mailing Address 3898 VIA POINCIANA #13 LAKE WORTH, FL 33462 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1382375	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467			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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILLION, EDWARD		NAME		
STREET ADDRESS	17 FAIRWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LORNE, BILL		NAME		
STREET ADDRESS	4 FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COFFEY, ALICE		NAME		
STREET ADDRESS	9 FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	READ, HENRY		NAME		
STREET ADDRESS	15 FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRYSINGER, DONNA		NAME		
STREET ADDRESS	2 FAIRWAY DR.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <i>Henry Read</i>		Date: <i>1/17/07</i>		Daytime Phone #: <i>561 732-8828</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>HENRY READ</i>					