

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90041 021 ****61.25

DOCUMENT # 719123
 1. Entity Name
 DELRAY DUNES FAIRWAY VILLAS, INC.



40021590



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 #
 YEEND, CASTAÑEDA & FLYNN, LLP
 Accountants and Tax Specialists
 1109 South Congress Avenue
 West Palm Beach, FL 33406

3. Mailing Address
 YEEND, CASTAÑEDA & FLYNN, LLP
 Accountants and Tax Specialists
 1109 South Congress Avenue
 West Palm Beach, FL 33406

02042008 Chg-NP CR2E037 (12/06)
 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
 YEEND, CASTAÑEDA & FLYNN, LLP
 Street Address (P.O. Box Number is Not Applicable)
 Accountants and Tax Specialists
 1109 South Congress Avenue
 City
 West Palm Beach, FL 33406 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FILLION, EDWARD	
STREET ADDRESS	17 FAIRWAY DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORNE, BILL	
STREET ADDRESS	4 FAIRWAY DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRYSINGER, DONNA	
STREET ADDRESS	9 FAIRWAY DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PD	<input type="checkbox"/> Delete
NAME	READ, HENRY	
STREET ADDRESS	15 FAIRWAY DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORNE, BILL	
STREET ADDRESS	4 FAIRWAY DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Kay Caloger	
STREET ADDRESS	7 FAIRWAY DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Henry Read* DATE: 2/8/08 DAYTIME PHONE #: 561 732-8828
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR