

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723263 (0)

1. Corporation Name

DELRAY DUNES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12005 DUNES ROAD
BOYNTON BEACH FL 33436

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BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified
04/25/1972

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-1447663

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FEDERSPIEL, ROBERT
501 E. ATLANTIC AVENUE
P.O. BOX 2230
DELRAY BEACH FL 33483**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	WOLF, ALFRED H. M. <i>A</i>	12005 DUNES RD	BOYNTON BCH, FL 00000	<input checked="" type="checkbox"/>
VD	ROGERS, DAVID E.	12005 DUNES RD	BOYNTON BCH, FL 00000	<input checked="" type="checkbox"/>
TD	AUBRECHT, GORDON J.	12005 DUNES RD	BOYNTON BCH FL	<input type="checkbox"/>
SD	BOULTON, BETTIE H.	12005 DUNES RD	BOYNTON BCH, FL 00000	<input checked="" type="checkbox"/>
D	BABLER, WAYNE	12005 DUNES RD	BOYNTON BCH, FL 00000	<input type="checkbox"/>
D	ATCHISON, JIM	12005 DUNES RD	BOYNTON BCH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGED	ADDED
PD	Gordon J. Aubrecht	12005 Dunes Rd	Boynton Beach, FL 33436	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Robert D. Krestel	12005 Dunes Rd	Boynton Beach, FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Jose E. Olivella, Jr., M.D.	12005 Dunes Rd	Boynton Beach, FL 33436	<input type="checkbox"/>	<input type="checkbox"/>
SD	John W. Dersch	12005 Dunes Road	Boynton Bch, FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wayne E. Babler	12005 Dunes Rd	Boynton Beach, FL 33436	<input type="checkbox"/>	<input type="checkbox"/>
D	Robert Schnelz	12005 Dunes Rd	Boynton Beach, FL 33436	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(k), 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

Date

Daytime Phone #

CR2E037 (12/95)