## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

723263

(0)

## DELRAY DUNES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12005 DUNES ROAD BOYNTON BEACH FL 33436	12005 DUNES ROAD BOYNTON BEACH FL 33436-5508

## FILED Feb 28 1997 8:00am Secretary of State



BOYNTON BEAC	OH FL 33436		BOTNION BEACH FL 33436-5508											
								3. Date Incorporated or Qualified 04/25/1972	ate of Lest Report 04/08/1996					
2. Principal Pl	ace of Business	2a. Maili	a. Mailing Address					4. FEI Number 59-1447663		<del></del>	plied For			
21		26	<u> </u>					38-1447003			t Applicable			
Suite, Apt. :	#, etc	Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 / Fee Re				
City & State	`	27   City & State												
23	3	28						6. Election Campaign Financing Trust Fund Contribution	, , , , , , , , , , , , , , , , , , , ,					
Zip				Zip Count				8. This corporation has liability for intangible tax un						
24	25	·	29		30	·					No			
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent						
						81 Name								
FEDERS	PIEL, ROBERT					82 Street Address (P.O. Box Number is Not Acceptable)								
501 E. A	TLANTIC AVENUE					62 Street Address (F.O. pbx Northber is Not Acceptable)								
P.O. BO	X 2230					63								
DELRAY BEACH FL 33483						84	City			P#1	<b>85</b> Zip	Code		
dd Diweined	a the services of P	- stiere 617.0500	and 017 15	00 Florida Chabin	loo the		namad		ation or barito this statement for the	FL		in continued		
office of reagent. La	egistered agent, or b m familiar with, and a	oth, in the State o ccept the obligat	f Florida Su ions of, Sec	ich change was lion 617.0503, Fl	authoriz orida St	ed by atutes	the corp is.	poration	ation submits this statement for the p is board of directors. I hereby accep	of the appo	intment as	registered		
SIGNATURE	Signature, typed or printed n	ame of registered agen	and tille if applic	cable (NO)	TE: Realste	red Ape	nt signature	required v	when reinstating)	DATE				
12.		OFFICERS AND			13				ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12		
TITLE	PD			DELETE	1.1	TITLE					Change	☐ Addition		
NAME	AUBRECHT, GORDON J. 12005 DUNES ROAD				1.2 N		. '	1						
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP						CITY-S	T-ZIP							
TITLE	VD			DELETE	2.1 TiTLE		-				Change	Addition		
NAME	KRESTEL, ROBERT D.			2.2	NAME									
STREET ADDRESS	ANAGE BANKS BAAR						ADDRESS							
CITY-S1-ZIP	TY-S1-ZIP BOYNTON BCH, FL 00000						2. 4 CITY-ST-ZIP							
TITLE	TD			DELETE	3.1	TITLE		TD			Change	Addition		
NAME	AUBRECHT, GO				3.2	NAME		Jos	E OLIVELLA JR					
STREET ADDRESS	12005 DUNES F	RD OF			3.3	STREET	ADDRESS		OF DUNES POAD	,				
CITY-ST-ZIP	BOYNTON BCH	FL			3,4	. CITY-S	ST-ZIP	Boy	NTON BEACH FL 93	43%				
TITLE	SD			☐ DELETE	4.1	TITLE				I	Change	Addition		
NAME	DERSCH, JOHN				4. 2	NAME		1						
STREET ADDRESS	12005 DUNES F				4.3	STREET	ADDRESS	1						
CITY-ST-ZIP	BOYNTON BCH	, FL 00000			4.4	CITY-S	T-ZIP	<u> </u>						
TITLE	D	_		DELETE	5.1	TITLE		DE	LMA W. SWILL	٤9 ا	Change	Addition		
NAME BABLER, WAYNE STREET ADDRESS 12005 DUNES RD				5.		5.2 NAME 5.3 STREET ADDRESS		12	OOS PUNESRIA	P		İ		
				5.3	Bu			LMA W. SWILL OOS DUNES ROA YNTON BEAGN, FO	334	86				
CITY-ST-ZIP BOYNTON BCH, FL 00000					5.4 CITY-ST-ZIP			/						
TITLE	D			DELETE	6.1	TITLE		-		ļ	Change	☐ Addition		
NAME	SCHMELZ, ROB				6.2	NAME								
STREET ADDRESS	12005 DUNES F				6.3	STREET	ADORESS	1						
CłTY-ST-ZIP						CITY-S		1				<del></del>		
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4. To hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.01(3)(f), Holida Statutes. 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 APPLYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

2-18-97

Daytima Phone # 2042421