

FILE NOW: FILING FEE IS \$61.25

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**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723263 (0)
 1. Corporation Name
DELRAY DUNES ASSOCIATION, INC.



Principal Place of Business 12005 DUNES ROAD BOYNTON BEACH FL 33436	Mailing Address 12005 DUNES ROAD BOYNTON BEACH FL 33436
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3. Date incorporated or Qualified 04/25/1972		
4. FEI Number 59-1447663	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUBRECHT, GORDON J.	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRESTEL, ROBERT D.	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOSE OLIVELLA JR	
STREET ADDRESS	12005 DUNES RD	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DERSCH, JOHN W.	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DELMA W. SWILLEY	
STREET ADDRESS	12005 DUNES RD	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHMELZ, ROBERT	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary JOHN H. BIRK
4.3 STREET ADDRESS	12005 Dunes Rd.
4.4 CITY-ST-ZIP	Boynton Beh FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Assistant Secretary + Treasurer CAROLYN S. KETTLE
5.3 STREET ADDRESS	12005 Dunes Rd
5.4 CITY-ST-ZIP	Boynton Beh FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carolyn S. Kettle* CAROLYN S. KETTLE 1/20/98 561-732-1660

CH2E037 (10/97)