

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723263

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: DELRAY DUNES ASSOCIATION, INC.

**Current Principal Place of Business:**

12005 DUNES ROAD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

12005 DUNES ROAD  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 59-1447663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEYER, ROBERT F  
12005 DUNES ROAD  
BOYNTON BEACH, FL 33436      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GEYER, ROBERT F  
Address: 12005 DUNES ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD      ( ) Delete  
Name: POMPA, BARBARA E  
Address: 12005 DUNES ROAD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD      ( ) Delete  
Name: LANHAM, JOHN H  
Address: 12005 DUNES RD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ASTD      ( ) Delete  
Name: KETTLE, CAROLYN S  
Address: 12005 DUNES RD  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN S. KETTLE

Electronic Signature of Signing Officer or Director

ASTD

03/19/2009

\_\_\_\_\_ Date