2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725351

FILED Apr 16, 2009 Secretary of State

Entity Name: DELRAY DUNES HOLLY VILLAS, INC.

Current Principal Place of Business: New Principal Place of Business:

HOLLY VILLAS, DELRAY DUNES 6 HOLLY DRIVE

BOYNTON BEÁCH, FL 33436 BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

18 HOLLY DRIVE 6 HOLLY DRIVE

BOYNTON BEACH, FL 33436 US BOYNTON BEACH, FL 33436

FEI Number: 59-1577049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BENNETT, MARGARET 6 HOLLY DR

BOYNTON BEACH, FL 33436 US

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:

Date

Electronic Signature of Registered Agent

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

(X) Change () Addition () Delete

CECIL, BARLETT KEVIN, GONZALEZ Name: Name: 17 HOLLY DRIVE Address: 2 HOLLY DRIVE Address:

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: (X) Change () Addition

BUD, BRADY Name: WELLS, BEVERLY Name: Address: 8 HOLLY DRIVE Address: 9 HOLLY DRIVE

City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: (X) Delete Title: () Change () Addition

REINMOND, JULIE Name: Name: Address: 16 HOLLY DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

MEROLLIS, MARY ANN Name: Name: Address: 12 HOLLY DR Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip:

Title: () Delete Title: () Change () Addition

BENNETT, MARGARET Name: Name: 6 HOLLY DR Address: Address: BOYNTON BEACH, FL 33436 City-St-Zip: 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: MARGARET BENNETT **TRES** 04/16/2009