

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740969

FILED
May 01, 2009
Secretary of State

Entity Name: DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 OCAEN TERRACE
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 667348
POMPANO BEACH, FL 33066 US

New Mailing Address:

FEI Number: 59-1783353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERSONAL PROPERTY MGMT, INC.
1500 W CYPRESS CREEK ROAD
SUITE 419
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PERSONAL PROPERTY MGMT, INC.
1500 W CYPRESS CREEK ROAD
SUITE 108
FORT LAUDERDALE, FL 33309 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: _____

Electronic Signature of Registered Agent

05/01/2009

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: KOHLER, DONALD F
Address: 139 SAGAMORE ROAD
City-St-Zip: LOUISVILLE, KY 40207

Title: VDT () Delete
Name: PRICE, RONALD
Address: 3238 BAYBERRY COVE
City-St-Zip: WOOSTER, OH 44691

Title: D () Delete
Name: QUAY, CAROLYN
Address: 1000 OCEAN TERRACE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Delete
Name: CLARK, CHARLES
Address: 58 INDIAN HILLS TRAIL
City-St-Zip: LOUISVILLE, KY 40207

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: DON KOHLER

Electronic Signature of Signing Officer or Director

P

05/01/2009

Date