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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741194 (5)
1. Corporation Name
DELRAY WEST TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
13290 VIA VULCANUS DELRAY BEACH FL 33484
13290 VIA VULCANUS DELRAY BEACH FL 33484-1248

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

3. Date Incorporated or Qualified 12/28/1977 3a. Date of Last Report 04/01/1996
4. FEI Number 59-2069993 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RUBIN, STEVEN P.
980 N. FEDERAL HWY #434
BOCA RATON FL 33432

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEBOWITZ, MARTIN	
STREET ADDRESS	13094 VIA MINERVA	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, LOUIS	
STREET ADDRESS	13312 VIA VESTA	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SINGER, BERNICE	
STREET ADDRESS	13097 VIA MINERVA	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, SOL	
STREET ADDRESS	13434-B VIA VESTA	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCARNATI, BILL	
STREET ADDRESS	6088 VIA DIANA	
CITY - ST - ZIP	DELRAY BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS KATZ	
1.3 STREET ADDRESS	13312 A VIA VESTA	
1.4 CITY - ST - ZIP	DELRAY BEACH, FL 33484	
2.1 TITLE	VPD VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOL WEISS	
2.3 STREET ADDRESS	13434 B Via Vesta	
2.4 CITY - ST - ZIP	Delray Beach FL 33484	
3.1 TITLE	TD TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD RABINOWITZ	
3.3 STREET ADDRESS	13319A VIA VULCANUS	
3.4 CITY - ST - ZIP	DELRAY BEACH FL 33484	
4.1 TITLE	SD SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALBERT BRODY	
4.3 STREET ADDRESS	13343B VIA VULCANUS	
4.4 CITY - ST - ZIP	DELRAY BEACH FL 33484	
5.1 TITLE	D DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SARAH BULL	
5.3 STREET ADDRESS	13063 VIA VESTA	
5.4 CITY - ST - ZIP	DELRAY BEACH FL 33484	
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 do 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: *Louis Katz* 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044874

CR2E037 (9/96)