

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90217 042 ****61.25

004746

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741194

1. Corporation Name

DELRAY WEST TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

13290 VIA VULCANUS
DELRAY BEACH FL 33484

Mailing Address

13290 VIA VULCANUS
DELRAY BEACH FL 33484

1395247.90217.42 4 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/28/1977

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

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
NAME LOUIS KATZ DELETE
STREET ADDRESS 13312 A VIA VESTA
CITY-ST-ZIP DELRAY BEACH FL

TITLE VPD
NAME SOL WEISS DELETE
STREET ADDRESS 13434 B VIA VESTA
CITY-ST-ZIP DELRAY BEACH FL

TITLE TD
NAME GERALD RABINOWITZ DELETE
STREET ADDRESS 13319 A VIA VULCANUS
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD
NAME ROGOFF, BERNARD DELETE
STREET ADDRESS 13335 VIA VESTA
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE D
NAME SARAH BULL DELETE
STREET ADDRESS 13063 VIA VESTA
CITY-ST-ZIP DELRAY BCH, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MORTON GREENFIELD Change Addition
1.3 STREET ADDRESS 13476 B VIA VESTA
1.4 CITY-ST-ZIP DELRAY BEACH FL 33484

2.1 TITLE VPD
2.2 NAME SARAH BULL Change Addition
2.3 STREET ADDRESS 13063 VIA VESTA
2.4 CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME MARGE ROUSE Change Addition
5.3 STREET ADDRESS 13232 VIA VESTA
5.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald Rabinowitz

Date

2/3/99

Daytime Phone #

561-637-9482

CR2E037 (11/98)