

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

6-23

FLORIDA DEPARTMENT OF STATE  
 ANNUAL REPORT  
 1995  
 DIVISION OF CORPORATIONS

741294

**FILED**  
 95 JUN 21 AM 10:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #** 741294  
 1. Corporation Name  
 DELRAY OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
 c/o SPECIALTY MANAGEMENT COMPANY  
 220 CONGRESS PARK DRIVE  
 SUITE 200  
 DELRAY BEACH, FL. 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/77	1994
4. FBI Number	Applied For
59-1911281	Not Applicable
5. Certificate of Status Desired	\$2.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Robert W. Federspiel, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)	501 East Atlantic Avenue
83 City	DeLray Beach
84 City	Florida
85 Zip Code	FL 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE June 8, 1995  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V/D
NAME	BORNSTEIN, MORTON
STREET ADDRESS	3014 SW 21st TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	S/D
NAME	HYDER, ANNETTE
STREET ADDRESS	3122 SW 20th TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	T/D
NAME	KELLAND, PAT
STREET ADDRESS	3130 SW 20th TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	P/D
NAME	SHOLAR, MARK
STREET ADDRESS	3130 SW 20th TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	V/D
NAME	SITTENFIELD, STANLEY
STREET ADDRESS	3122 SW 20th TERRACE
CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**REINSTATEMENT 94-95CM**

300001525643  
 -06/28/95--01046--007  
 \*\*\*\*305.00 \*\*\*\*305.00

300001525643  
 -06/28/95--01046--008  
 \*\*\*\*130.00 \*\*\*\*130.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment to this report.

SIGNATURE: Stanley Sittenfield STANLEY SITTENFIELD 4-27-95 407-272-5240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #