

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90072 040 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741294**

1. Corporation Name  
**DELRAY OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business C/O CASTLE GROUP P.O. BOX 109013 PLANTATION FL 33318 US-	Mailing Address C/O CASTLE GROUP P.O. BOX 109013 PLANTATION FL 33318 US-
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2. Principal Place of Business 21 3119 S.W. 20 <sup>th</sup> Ter. Suite, Apt. #, etc. 22	2a. Mailing Address 26 3119 S.W. 20 <sup>th</sup> Ter. Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 12/30/1977
23 City & State Delray Beach, FL Zip Country 24 33445 25	28 City & State Delray Beach, FL Zip Country 29 33445 30	4. FEI Number 59-1911281 Applied For Not Applicable
9. Name and Address of Current Registered Agent FEDERSPIEL, ROBERT W P.A. 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FEDERSPIEL, ROBERT W P.A. 501 EAST ATLANTIC AVENUE DELRAY BEACH FL 33483	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANGLEISTA, SAL	1.2 NAME	
STREET ADDRESS	3107 S.W. 20TH TERRACE 20-A1	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIMINO, RICHARD	2.2 NAME	31 Gallenberger, Dorothy
STREET ADDRESS	3118 SW 20TH TERR A1	2.3 STREET ADDRESS	2016 SW 29 <sup>th</sup> Ct., C-1
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGUT, TIM	3.2 NAME	
STREET ADDRESS	3126 SW 20TH TERR B1	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	VB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, BILL	4.2 NAME	
STREET ADDRESS	3118 SW 20TH TERR B2	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELANO, VICTOR	5.2 NAME	TD Amoit's, Lucille
STREET ADDRESS	3000 SW 21ST TERR D 1	5.3 STREET ADDRESS	3001 S.W. 20 <sup>th</sup> Ter.
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X. SAL EVANGLEISTA, Pres. Date: (501) 276-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)