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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742131 (6)

1. Corporation Name

DEL-AIRE COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

4645 WHITE CEDAR LANE  
DELRAY BCH FL 33445  
US4645 WHITE CEDAR LANE  
DELRAY BCH FL 33445-7027  
US3. Date Incorporated or Qualified  
03/20/19783a. Date of Last Report  
02/01/19964. FEI Number  
59-1856831Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVENSON, MALCOLM  
4453 WHITE CEDAR LANE  
DELRAY BEACH FL 33445

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME GOLDBERG, ROBERT  
STREET ADDRESS 16712 SSWET BAND DRIVE  
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME LEVENSON, MALCOLM N  
STREET ADDRESS 4453 WHITE CEDAR LN  
CITY-ST-ZIP DELRAY BCH FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME STEIN, MEL  
STREET ADDRESS 16628 IRONWOOD DRIVE  
CITY-ST-ZIP DELRAY BEACH FL3.1 TITLE SD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME HIPSEY, JACK  
STREET ADDRESS 4573 WHITE CEDAR LANE  
CITY-ST-ZIP DELRAY BEACH FL4.1 TITLE VD ☒ Change ☐ Addition  
4.2 NAME Hipsey, Jack  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME FINE, ELI  
STREET ADDRESS 16657 SWEET BAY DRIVE  
CITY-ST-ZIP DELRAY BEACH FL5.1 TITLE To Goodman, Stanley ☐ Change ☒ Addition  
5.2 NAME 16940 Silver Oak Circle  
5.3 STREET ADDRESS Delray Bch FL 33445  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

501489-9090

Daytime Phone # 0043281

CR2E037 (9/96)