


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90091 037 \*\*\*\*61.25

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|--|---|
| <b>DOCUMENT # 742131</b><br>1. Entity Name<br><b>DEL-AIRE COUNTRY CLUB, INC.</b> |  |
|--|---|

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|--|--|
| Principal Place of Business<br><b>4645 WHITE CEDAR LANE<br/>DELRAY BCH FL 33445<br/>US</b> | Mailing Address<br><b>4645 WHITE CEDAR LANE<br/>DELRAY BCH FL 33445<br/>US</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
| City & State  | City & State                                  |
| Zip   | Country                                       |

**6. Name and Address of Current Registered Agent**  
**LIPSEY, JACK**  
**4573 WHITE CEDAR LANE**  
**DELRAY BEACH FL 33445**

**7. Name and Address of New Registered Agent**  
Name **Daniel S. Bernheim, JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**4198 Live Oak Blvd**  
City **Delray Beach** **FL** Zip Code **33445**

4. FEI Number **59-1856831** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Daniel S. Bernheim Jr.* DATE **2/22/05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LEVENSON, MALCOLM<br>4453 WHITE CEDAR LN<br>DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Daniel S. Bernheim Jr.<br>4198 Live Oak Blvd<br>Delray Beach FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WALTER WARHEIT<br>16675 SWEET BAY DR.<br>DELRAY BEACH FL <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Melvin I, Katz<br>4501 White Cedar Lane<br>Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LIPSEY, JACK<br>4573 WHITE CEDAR LANE<br>DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Micki Mele<br>16882 Rose Apple Drive<br>Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>MAGOD, IRA<br>4309 WHITE CEDAR LANE<br>DELRAY BEACH FL 33445 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>MOnroe Schaffer<br>4575 Live Oak Blvd<br>Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>Stephen Salzman<br>3697 Red Maple Circle<br>Delray Beach, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Daniel S. Bernheim Jr.* DATE **2-22-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR