FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746341 (7)

1. Corporation Name
DELRAY VILLAS PLAT NO. 1 HOMEOWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
14312 P.O. BOX 7228 DELRAY BEACH FL 33484	14312 P.O. BOX 7228 DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 7228	2a. Mailing Address 26 P.O. Box 7228
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH, FL.	City & State 28 DELRAY BEACH, FL
Zip 24 33482 Country 25 P.B.C.	Zip 29 33482 Country 30 PBC

3. Date Incorporated or Qualified 03/20/1979	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2079264	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

RUBIN, STEVEN D.
980 N FEDERAL HIGHWAY
SUITE 311
BOCA RATON, 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 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, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	FRIEDENREICH, DANIEL	12 NAME	MARSH, LITZI
STREET ADDRESS	14251 EL CLAVEL WAY	13 STREET ADDRESS	14352 AMAPOLA DR.
CITY-ST-ZIP	DELRAY BCH FL	14 CITY-ST-ZIP	DELRAY BCH, FL
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	FEUERMAN, JACK	22 NAME	
STREET ADDRESS	14088 CAMPANELLI DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHAPNICK, GOLDIE	32 NAME	
STREET ADDRESS	14427 CAMPANELLI DR	33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	ROSS, LILLIAN.	42 NAME	
STREET ADDRESS	5945 LOS ALAMOS LN.	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	44 CITY-ST-ZIP	
TITLE	D VP	51 TITLE	☐ Change ☐ Addition
NAME	SCHORR, LEWIS	52 NAME	
STREET ADDRESS	14248 ALTOCEDRO DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	DT ☑ Change ☐ Addition
NAME	MARSH, HAROLD J.	62 NAME	SEYMOUR GREEN
STREET ADDRESS	14352 AMAPOLA DR.	63 STREET ADDRESS	14347 CAMPANELLI DR
CITY-ST-ZIP	DELRAY BCH FL	64 CITY-ST-ZIP	DELRAY BCH, FL.

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 119.07(3)(k), 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: Seymour Green SEYMOUR GREEN 4/11/95 407-496-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0081434