

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90029 020 ****61.25

DOCUMENT # 746341

1. Corporation Name

**DELRAY VILLAS PLAT NO. 1 HOMEOWNERS' ASSOCIATION
, INC.**

Principal Place of Business

PO BOX 7228
DELRAY BEACH FL 33482
US

Mailing Address

PO BOX 7228
DELRAY BEACH FL 33482
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/20/1979

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

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 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

TITLE **PD** ☒ DELETE
NAME **FARBER, ALBERT**
STREET ADDRESS **14209 CAMPANELLI DRIVE**
CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE **T** ☐ DELETE
NAME **VIRZI, LEE A**
STREET ADDRESS **14208 CAMPANELLI DR**
CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE **DS** ☐ DELETE
NAME **ROSS, ULLIAN.**
STREET ADDRESS **5945 LOS ALAMOS LN.**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **T** ☐ DELETE
NAME **MILLER, PAUL**
STREET ADDRESS **14212 ALJOCEDRO DR**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition
1.2 NAME **DANIEL M. NOTO**
1.3 STREET ADDRESS **6034 LA PALMA LANE**
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)