2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
04-16-2004 90089 027 ****61.25

DOCUMENT # 746341

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

Principal Place of Business	Mailing Address
PO BOX 7228 DELRAY BEACH, FL 33482 US	PO BOX 7228 DELRAY BEACH, FL 33482 US

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2079264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERSTIN, JOSHUA G P.A.
1515 N. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name BECKER & POLIAKOFF P.A. ATTN: PETER C. MOLLENGARDEN
Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR
City WEST PALM BEACH FL Zip Code 33401

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 _____ DATE 5/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCH, LITZI 14352 AMAPOLA DR DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRES. PD~~ MARSH, LITZI 14352 AMAPOLA DR DELRAY BEACH, FL. 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D APPLE, STANLEY 5914 LOS ALAMOS LN DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIEGEL, DOROTHY 14219 EL CLAVEL WAY DELRAY BEACH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GERTRUDE DUBLIN 14336 ALTOCEDRO DR. DELRAY BEACH, FL. 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OSTROFF, GERTRUDE 14387 AMAPOLA DRIVE DELRAY BEACH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD A. ROBERT PASTERNACK 14034 CAMPANELLI DR. DELRAY BEACH, FL. 33484	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: A. Robert Pasternack A. ROBERT PASTERNACK 1/7/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #