2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746341

FILED Jan 27, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

PO BOX 7228 14348 ALTOCEDRO DR

DELRAY BEACH, FL 33482 US DELRAY BEACH, FL 33482 US

Current Mailing Address: New Mailing Address:

PO BOX 7228

DELRAY BEACH, FL 33482 US

FEI Number: 59-2079264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A. C/O KENNETH S. DIREKTOR 625 N. FLAGLER DR.,7TH FL WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 MARSH, LITZI

 Address:
 14352 AMAPOLA DR

 City-St-Zip:
 DELRAY BEACH, FL 33484

Title: F

Name: MCCORY, THOMAS
Address: 14287 CAMPANELLI DR
City-St-Zip: DELRAY BEACH, FL 33484

Title:

 Name:
 JOVINE, KATHY

 Address:
 14348 ALTOCEDRO DR

 City-St-Zip:
 DELRAY BEACH, FL 33484

Title: TD

Name: BLUMENFELD, MARTIN
Address: 14042 CAMPANELLI DR
City-St-Zip: DELRAY BEACH, FL 33484

Title: \

Name: BLITZ, ETHEL

Address: 14158 CAMPANELLI DR City-St-Zip: DELRAY BEACH, FL 33484

Title: [

Name: HOFKINS, STANLEY
Address: 14146 CAMPANELLI DR
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY JOVINE T 01/27/2010