

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750859

(1)

1. Corporation Name

FALL RIDGE OF DELRAY CONDOMINIUM ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

% JAMES M. PAINTER, ESO
1300 N. FEDERAL HIGHWAY.. STE 110
BOCA RATON FL 33432
US

% JAMES M. PAINTER, ESO
1300 N. FEDERAL HIGHWAY.. STE 110
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified

01/30/1980

4. FEI Number

59-2142052

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

PAINTER, JAMES M ESO
1300 N. FEDERAL HIGHWAY
STE 110
BOCA RATON FL 33432

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SPERRY, ALBERT W
STREET ADDRESS 5092 CORONADO RIDGE
CITY-ST-ZIP BOCA RATON FL

TITLE TD ☐ DELETE

NAME ALEXANDER, WILLIAM
STREET ADDRESS 1100 SW 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☒ DELETE

NAME ROBINSON, NORRIS
STREET ADDRESS 1100 SW 4TH AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE SD ☐ DELETE

NAME EDGEcombe, MABLE
STREET ADDRESS 1100 SW 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME PAINTER, DAVID F
STREET ADDRESS 4297 JUNIPER TERRACE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

SIGNATURE: Albert W Sperry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/98 (561) 338-6278
Date Daytime Phone #

CR2E037 (5/98)