

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 035 ****61.25

DOCUMENT # 750859

1. Entity Name
FALL RIDGE OF DELRAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1100 SW 4TH AVENUE
DELRAY BEACH, FL 33444 US**

Mailing Address
**% MAUREEN ALEXANDER
928 SE 7TH COURT
DEERFIELD BEACH, FL 33441 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2142052

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JARVIS, DEBBIE L.
% PRINCESS PROPERTIES
133-B NW 16TH STREET
BOCA RATON, FL 33432~~

Name **FRANK RUSO ROBERT RUSSO**
Street Address (P.O. Box Number is Not Acceptable)
1900 COMCAST BLVD #225W
City **BOCA RATON** **FL** **33431-1211**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY	
STREET ADDRESS	6533 SOUTHPORT DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33447	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, RAY	
STREET ADDRESS	113B NW 16 ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, DEBBIE	
STREET ADDRESS	133B NW 16TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PAINTER, DAVID	
STREET ADDRESS	4297 JUNIPER TERR	
CITY-ST-ZIP	DELRAY BEACH, FL 33447	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, MAUREEN	
STREET ADDRESS	928 SE 7TH CT	
CITY-ST-ZIP	DEERFIELD BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF NADEL	
STREET ADDRESS	6540 SOMERSET CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496-4021	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PAINTER	
STREET ADDRESS	4297 JUNIPER TERR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33447	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT RUSSO	
STREET ADDRESS	16364 VIA VENITIA	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNIA SURIN	
STREET ADDRESS	1100 S.W. 4 STREET #182	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JEFFREY A. NADEL, PRESIDENT
Jeffrey A. Nadel, PRESIDENT

3/15/06

Date

Daytime Phone #