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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753696** (4)

1. Corporation Name

**DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

C/O SPECIALTY MANAGEMENT CO  
220 CONGRESS PARK DR #130  
DELRAY BEACH FL 33445  
US

C/O SPECIALTY MANAGEMENT CO  
220 CONGRESS PARK DR. #200  
DELRAY BEACH FL 33445-4805  
US

2. Principal Place of Business

2a. Mailing Address

PRIME MGMT GROUP, INC.  
6300 PARK OF COMMERCE BLV  
BOCA RATON, FL 33487

PRIME MGMT GROUP, INC.  
6300 PARK OF COMMERCE BLV  
BOCA RATON, FL 33487

3. Date Incorporated or Qualified  
**08/08/1980**

3a. Date of Last Report  
**04/15/1996**

4. FEI Number  
**59-2674063**

Applied For  
Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

his corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECIALTY MANAGEMENT COMPANY  
200 CONGRESS PARK DR  
SUITE 200  
DELRAY BEACH FL 33445

81  
82  
83  
84

**SWATT, MYRON**  
**6300 PK OF COMMERCE BLVD**  
**BOCA RATON, FL 33487**

FL

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 required of principal registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD COLINA, EDWARD**  
STREET ADDRESS **8274 SAWPINE ROAD**  
CITY-ST-ZIP **DELRAY BCH. FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **KIRBY, JOHN**  
1.3 STREET ADDRESS **8243 SAWPINE ROAD**  
1.4 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ DELETE  
NAME **TD BAUMANN, ROBERT**  
STREET ADDRESS **15175 TALL OAK AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **ECKLOND, CHARLES**  
2.3 STREET ADDRESS **15208 PERSIMMON AVENUE**  
2.4 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☒ DELETE  
NAME **VD CLAUSE, RAYMOND**  
STREET ADDRESS **8234 SAWPINE ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **TD TONKINSON, DARLENE**  
3.3 STREET ADDRESS **8554 SAWPINE ROAD**  
3.4 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☒ DELETE  
NAME **D KIRBY, JOHN**  
STREET ADDRESS **8243 SAWPINE ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D BAUMANN, ROBERT**  
4.3 STREET ADDRESS **15175 TALL OAK AVENUE**  
4.4 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☒ DELETE  
NAME **D ECKLOND, CHARLES**  
STREET ADDRESS **15208 PERSIMMON AVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33446**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME **TD COLINA, EDWARD**  
5.3 STREET ADDRESS **8274 SAWPINE ROAD**  
5.4 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/97

Date

Daytime Phone # 0043164

CR2E037 (9/96)