

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90029 009 \*\*\*\*61.25

<b>DOCUMENT # 753696</b> 1. Entity Name DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 75 NORTHEAST 6TH AVE SUITE 206 DELRAY BEACH, FL 33483 US		Mailing Address 75 NORTHEAST 6TH AVE SUITE 206 DELRAY BEACH, FL 33483 US	
2. Principal Place of Business - No P.O. Box # <i>40 Phoenix Management</i> Suite, Apt. #, etc. 4800 N. State Rd 7 #105		3. Mailing Address <i>40 Phoenix Management</i> Suite, Apt. #, etc. 4800 N. State Rd 7 #105	
City & State Landerdale Lakes, FL Zip 33319		City & State Landerdale Lakes Zip FL	
Country USA		Country USA	
6. Name and Address of Current Registered Agent  ESTCHANEZ, ERIC 75 NORTHEAST 6TH AVE SUITE 206 DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name <i>Sheldon Goldberg</i> Street Address (P.O. Box Number is Not Acceptable) 4800 N. State Rd 7 #105 City <i>Landerdale Lakes</i> FL Zip Code <i>33319</i>	
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 <i>Sheldon Goldberg</i> <i>Sheldon Goldberg</i> 3/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE VP NAME BITTON, SAM STREET ADDRESS 15464 TALL OAK AVE CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE S NAME Bitton, Sam STREET ADDRESS 15464 Tall Oak Ave CITY-ST-ZIP DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SKENIAN, MICHAEL STREET ADDRESS 8619 SAWPINE RD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROHWEDDER, PATTI STREET ADDRESS 8299 SAWPINE ROAD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>ROHWEDDER, PATTI</i> <i>8299 Sawpine Rd</i> <i>DELRAY BEACH, FL 33446</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME YELLIN, MARK STREET ADDRESS 8379 SAWPINE ROAD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME KISLIN, DREW STREET ADDRESS 8685 SAWPINE RD CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>VP</i> <i>KISLIN, DREW</i> <i>8685 Sawpine Rd</i> <i>DELRAY BEACH, FL 33446</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sam Bitton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>		Date <i>3/3/07</i> Daytime Phone # <i>561-4418206</i>	