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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 756518 (7)  
1. Corporation Name

DELRAY VILLAS RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13773 CIRCULAR DRIVE  
DELRAY BCH FL 33484

13773 CIRCULAR DRIVE  
DELRAY BCH FL 33484

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/25/1981

4. FEI Number

59-2257313

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WEBER, SHARON A.  
BECKER & POLIAKOFF, PA  
500 AUSTRALIAN AVE S STE 200  
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PD  
NAME ROBERTS, EDMUND  
STREET ADDRESS 14287 ALTOCEDRO DR.  
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE

TITLE VD  
NAME SOLOW, SAUL  
STREET ADDRESS 13845 WHIPPET WAY E.  
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE

TITLE TD  
NAME MARKOWITZ, HAROLD  
STREET ADDRESS 5751 WANDA LANE  
CITY-ST-ZIP DELRAY BCH FL ☐ DELETE

TITLE SD  
NAME ENTIN, SIDNEY  
STREET ADDRESS 13330 VIA VESTA  
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES/D ☒ Change ☐ Addition  
1.2 NAME ALFRED KAUFMAN  
1.3 STREET ADDRESS 13699 WHIPPET WAY EAST  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

2.1 TITLE VICE PRES/D ☒ Change ☐ Addition  
2.2 NAME BERNICE SINGER  
2.3 STREET ADDRESS 13097 VIA MINERVA  
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE SGLY/D ☒ Change ☐ Addition  
4.2 NAME LITZI MARSH  
4.3 STREET ADDRESS 14352 ANAPOLA DRIVE  
4.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*Harold Markowitz*

2/11/98

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CR2037 (10/97)