

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90088 038 ****61.25

DOCUMENT # 756518

1. Corporation Name

DELRAY VILLAS RECREATION ASSOCIATION, INC.

Principal Place of Business

13773 CIRCULAR DRIVE
DELRAY BCH FL 33484

Mailing Address

13773 CIRCULAR DRIVE
DELRAY BCH FL 33484



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, SHARON A.
BECKER & POLIAKOFF, PA
500 AUSTRALIAN AVE S STE 900
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** ☒ DELETE

NAME **KAUFMAN, ALFRED**

STREET ADDRESS **13699 WHIPPET WAY EAST**

CITY-ST-ZIP **DELRAY BCH, FL 00000 33484**

TITLE **VPD** ☒ DELETE

NAME **SINGER, BERNICE**

STREET ADDRESS **13097 VIA MINERVA**

CITY-ST-ZIP **DELRAY BCH, FL 00000 33484**

TITLE **TD** ☐ DELETE

NAME **MARKOWITZ, HAROLD**

STREET ADDRESS **5751 WANDA LANE**

CITY-ST-ZIP **DELRAY BCH FL**

TITLE **SD** ☐ DELETE

NAME **MARSH, LITZI**

STREET ADDRESS **14352 AMAPOLA DRIVE**

CITY-ST-ZIP **DELRAY BCH, FL 00000 33484**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **SAHL, JACOB**

1.3 STREET ADDRESS **14269 LUTY DRIVE**

1.4 CITY-ST-ZIP **DELRAY BEACH FL 33484**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **FRIEDENREICH, DANIEL**

2.3 STREET ADDRESS **14251 EL CLAVEL WAY**

2.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **13057 VIA VESTA**

3.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

561 498-2018

CR2E037 (11/98)