

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 029 ****61.25

DOCUMENT # 756518
 1. Entity Name,
DELRAY VILLAS RECREATION ASSOCIATION, INC.



Principal Place of Business Mailing Address
 13773 CIRCULAR DRIVE % LEONARD LOWENSTEIN
 DELRAY BEACH FL 33484 14580 CANDY WAY
 US DELRAY BEACH FL 33484



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-2257313** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GERSTIN, JOSHUA
399 WEST PALMETTO PARK ROAD
STE 108
BOCA RATON FL 33432-5014

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	V	<input checked="" type="checkbox"/> Delete
NAME	FRIEDENREICH, DANIEL	
STREET ADDRESS	14251 EL CLAVEL WAY	
CITY ST ZIP	DELRAY BCH FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, LEONARD	
STREET ADDRESS	14580 CANDY WAY	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOLODNEY, STANLEY	
STREET ADDRESS	6472 OVERLAND DRIVE	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	14364 CAMPANELLI DRIVE	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DREXLER, ARTHUR	
STREET ADDRESS	13225 WHIPPET WAY NORTH	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBOWITZ, MARILYN	
STREET ADDRESS	13094 VIA MINERVA	
CITY ST ZIP	DELRAY BEACH FL 33484	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHODA BERMAN	
STREET ADDRESS	14570 CANDY WAY	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD MARKOWITZ	
STREET ADDRESS	13057 VIA VESTA	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN ROSENMAN	
STREET ADDRESS	13434A VIA VESTA	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDRA COHEN	
STREET ADDRESS	6122 OVERLAND PL	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER CLARK	
STREET ADDRESS	6315 LA SALLE RD	
CITY ST ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA LAZAROFF	
STREET ADDRESS	13892 PACKARD TERRACE	
CITY ST ZIP	DELRAY BEACH FL 33484	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Leonard Lowenstein LEONARD LOWENSTEIN PRES 561-498-5272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
DELRAY VILLAS RECREATION ASSOCIATION
INC

C/O LEONARD LOWENSTEIN
14580 CANDY WAY
DELRAY BEACH, FL 33484

(D) PAUL MILLER
14212 ALTOCEDRO DR
DELRAY BEACH, FL 33484

40010846
756518

(D) ILENE SOYT
14245 CAMPANELLI DR
DELRAY BEACH FL 33484

(D) JOANN ALBERTSON
5763 DORIS COURT
DELRAY BEACH, FL 33484