


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 014 ****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**



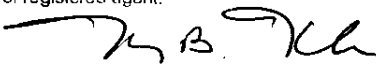
2. Principal Place of Business - No P.O. Box #
13773 CIRCULAR DR
 Suite, Apt. #, etc. **DELRAY BEACH**
 City & State **FLORIDA**

3. Mailing Address
LEONARD LOWENSTEIN
 Suite, Apt. #, etc.
14580 CANDY WAY
 City & State **FLORIDA**
 Zip **33484** Country **PALM BEACH**

1st MOORE CR2E037 (10/07)
 4. FEI Number **59-2257313** Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent
 Name **Henry B. Handler**
WEISS HANDLER ANGELOS & CORNWELL P.A.
 Street Address (P.O. Box Number is Not Acceptable)
ONE BOCA PLACE SUITE 218 A
2255 GLADES ROAD
 City **BOCA RATON FL** Zip Code **33431-7392**

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  DATE **2/19/08**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS \$61.25
Due By: May 1, 2008

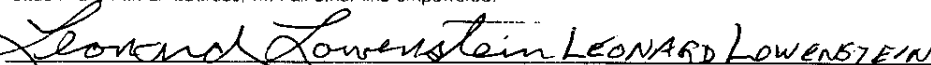
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERMAN, RHODA 14570 CANDY WAY DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOWENSTEIN, LEONARD 14580 CANDY WAY DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARKOWITZ, HAROLD 13057 VIA VESTA DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINSTEIN, DAVID 14364 CAMPANELLI DRIVE DELRAY BEACH FL 33484 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENHAN, ELLEN ROSENMAN, ELLEN <input type="checkbox"/> Delete 13434 A VIA VESTA DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBOWITZ, MARILYN <input type="checkbox"/> Delete 13094 VIA MINERVA DELRAY BEACH FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAT LAZAROFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13892 PACKARD TERRACE DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14212 ALTOCEDRO DR DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENE SOYT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14245 CAMPANELLI DR DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANN ALBERTSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5743 DORIS COURT DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA COHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6122 OVERLAND PL DELRAY BEACH FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER CLARK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6315 LA SALLE RD 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** 561-498-5272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR