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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 766518

1. Corporation Name

DOMAINE DELRAY ASSOCIATION, INC.

Principal Place of Business
 1405 SOUTH FEDERAL HWY.
 P O BOX 1222
 DELRAY BEACH FL 33447-1222

Mailing Address
 1405 SOUTH FEDERAL HWY.
 P O BOX 1222
 DELRAY BEACH FL 33447-1222



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 01/12/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2283711

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

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

JMD PROPERTIES, INC.
 885 SE 6TH AVENUE
 DELRAY BEACH FL 33483

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, CORNELIUS JR.	
STREET ADDRESS	1405 S. FED. HWY. #105	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KURTH, JEANE	
STREET ADDRESS	1405 S. FEDERA; HWY #122	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWISTAK, LEO	
STREET ADDRESS	1405 S. FED. HWY 104	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMBROSE, JOHN	
STREET ADDRESS	1405 S FEDERAL HWY #126	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VANHAITSMAN, JENNIFER	
STREET ADDRESS	1405 S. FEDERAL HWY., #160	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MARINO, JOSEPH	
STREET ADDRESS	1405 S. FED. HWY 127	
CITY-ST-ZIP	DELRAY BCH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Ambrose	
1.3 STREET ADDRESS	1405 S. Federal Hwy. #126	
1.4 CITY-ST-ZIP	DeLray Bch, FL 33483	
2.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kathleen Roti	
2.3 STREET ADDRESS	1405 S. Federal Hwy #124	
2.4 CITY-ST-ZIP	DeLray Bch, FL 33483	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth Hartmann	
3.3 STREET ADDRESS	1405 S. Federal Hwy #107	
3.4 CITY-ST-ZIP	DeLray Bch, FL 33483	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Virginia Mantel	
4.3 STREET ADDRESS	1405 S. Federal Hwy #143	
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANNE Lindley	
5.3 STREET ADDRESS	1405 S. Federal Hwy #159	
5.4 CITY-ST-ZIP	DeLray Bch, FL 33483	
6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jean Kurth	
6.3 STREET ADDRESS	1405 S. Federal Hwy #122	
6.4 CITY-ST-ZIP	DeLray Bch, FL 33483	

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

Daytime Phone #

CR2E037 (1/198)