

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

04-28-2000 90087 005 ****61.25

DOCUMENT # 766518

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 98 SE 6th Ave Suite; Apt. #, etc. Suite 2 City & State Delray Beach FL Zip 33483 Country USA	3. Mailing Address 98 SE 6th Ave Suite; Apt. #, etc. Suite 2 City & State Delray Beach FL Zip 33483 Country USA
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4. FEI Number 59-2283711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JMD Properties Inc**
Street Address (P.O. Box Number is Not Acceptable) **98 SE 6th Ave Suite 2**
Joseph M Dagher, Pres.
City **Delray Beach** FL Zip Code **33483**

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.

SIGNATURE

DATE **4/13/00**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME ROTH, KATHLEEN	
STREET ADDRESS 1405 S FEDERAL HWY #124	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HARTMAN, ELIZABETH	
STREET ADDRESS 1405 S FEDERAL HWY #107	
CITY-ST-ZIP DELRAY BCH FL 33483	
TITLE D	<input type="checkbox"/> Delete
NAME MARTEL, VIRGINIA	
STREET ADDRESS 1405 S FEDERAL HWY #143	
CITY-ST-ZIP DELRAY BCH FL 33483	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME AMBROSE, JOHN	
STREET ADDRESS 1405 S FEDERAL HWY #126	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE ID	<input checked="" type="checkbox"/> Delete
NAME LINDLEY, ANN	
STREET ADDRESS 1405 S FEDERAL HWY #159	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE VP	<input type="checkbox"/> Delete
NAME KURTH, JEAN	
STREET ADDRESS 1405 S FEDERAL HWY #122	
CITY-ST-ZIP DELRAY BEACH FL 33483	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeannie Kurth	
STREET ADDRESS 1405 S Federal Hwy #122	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dorothy Mosely	
STREET ADDRESS 1405 S Federal Hwy #101	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Virginia Martel	
STREET ADDRESS 1405 S Federal Hwy #143	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Kathleen ROTH	
STREET ADDRESS 1405 S Federal #124	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Elizabeth Hartman	
STREET ADDRESS 1405 S Federal #107	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE Asst. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Ann Lindley	
STREET ADDRESS 1405 S Federal #159	
CITY-ST-ZIP Delray Beach FL 33483	

12. 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 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:

DATE **4/13/00**

DAYTIME PHONE # **561-265-3272**

Signature and typed or printed name of signing officer or director Date Daytime Phone #