


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766518</b> 1. Entity Name DOMAINE DELRAY ASSOCIATION, INC.					
Principal Place of Business 1405 SOUTH FEDERAL HWY. DELRAY BEACH, FL 33483 US			Mailing Address 904 SE 6TH AVENUE DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2283711	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent	
DAGHER, JOSEPH M 904 SE 5TH AVENUE DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				Zip Code	
FL				FL	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
U00000950893 06/04/08 00010 010 61.25 DATE					
Filing Fee is <b>\$81.25</b> Due by <b>May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAGNER, CORNELIUS 1405 S. FEDERAL HWY #105 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRISTIANSEN, LORENTZ 1405 S. FEDERAL HWY #145 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTEL, VIRGINIA 1405 S. FEDERAL HWY #143 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLOVITZ, ARIE 1405 S. FEDERAL HWY #112 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD GAFFNEY, ROBERT 1405 S. FEDERAL HWY #148 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLEISCHER, JANET 1405 S. FEDERAL HWY #134 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SIGNATURE: <u>Joseph M Dagher</u> Lorentz Kristiansen 4/21/08 954-328-3360					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					