


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90014 016 ****61.25

DOCUMENT # N01338

1. Entity Name
LAKES OF DELRAY, INC.



Principal Place of Business
~~3900 WOODLAKE BLVD
 SUITE 201
 LAKE WORTH, FL 33463 US~~

Mailing Address
~~G.R.S MANAGEMENT ASSOCIATES, INC.
 3900 WOODLAKE BLVD #201
 LAKE WORTH, FL 33463 US~~

44047885



2. Principal Place of Business
 15055 Ashland Blvd

3. Mailing Address
 15055 Ashland Blvd

Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State
 Delray Beach, FL

City & State
 Delray Beach, FL

4. FEI Number
 59-2596584

Applied For
 Not Applicable

Zip
 33484

Country
 Palm Beach

Zip
 33484

Country
 Palm Beach

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

6. Name and Address of Current Registered Agent

CORE, DAVID A
 ST. JOHN, DICKER & CAPLAN
 500 AUSTRALIAN AVE. SO., SUITE 600
 WEST PALM BEACH, FL 33401

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

Filing Fee is \$61.25 Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	IVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLOMON, JACK		NAME	Edward West	
STREET ADDRESS	15365 LAKES OF DELRAY BLVD, #113		STREET ADDRESS	15109 Ashland Avenue # 309	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, JAMES		NAME	Norman Goldman	
STREET ADDRESS	15449 LAKES OF DELRAY BLVD #202		STREET ADDRESS	15451 Pembroke Drive #235	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, MILTON		NAME	Jerry Mandelbaum	
STREET ADDRESS	5574 WITNEY DR, #302		STREET ADDRESS	15461 Pembroke Drive #113	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, MARY		NAME	Elliot Paris	
STREET ADDRESS	15144 ASHLAND STREET # 262		STREET ADDRESS	15461 Pembroke Drive #309	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLD, SEYMOUR		NAME	Ted Rabinowitz	
STREET ADDRESS	15244 LAKES OF DELRAY BLVD #309		STREET ADDRESS	15251 Lakes of Delray Blvd # 337	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSMAN, DAVID		NAME	Malcolm Wolfson	
STREET ADDRESS	15324 LAKES OF DELRAY BLVD #208		STREET ADDRESS	15217 Lakes of Delray Blvd #92	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delray Beach, FL 33484 #	

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: James Lynch James Lynch President 7/6/04 495-1598 #4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

44047885

NO1338

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
(CONT)**

11.

D

(ADDITION)

IRA FRIEDMAN

15075 WITNEY ROAD #207

DELRAY BEACH, FL 33484