


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90012 027 ****61.25

DOCUMENT # N01338

1. Entity Name
LAKES OF DELRAY, INC.



Principal Place of Business Mailing Address

**15055 ASHLAND BLVD
DELRAY BEACH FL 33484
US** **15055 ASHLAND BLVD
DELRAY BEACH FL 33484
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

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**

4. FEI Number Applied For

59-2596584 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	W P <input type="checkbox"/> Delete
NAME	WEST, EDWARD
STREET ADDRESS	15109 ASHLAND AVE # 309
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	H V <input checked="" type="checkbox"/> Delete
NAME	LYNCH, JAMES
STREET ADDRESS	15449 LAKES OF DELRAY BLVD #202
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	S <input type="checkbox"/> Delete
NAME	GOLDMAN, NORMAN
STREET ADDRESS	15451 PEMBRIDGE DR # 235
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	T <input type="checkbox"/> Delete
NAME	MANDELBAUM, JERRY
STREET ADDRESS	15461 PEMBRIDGE DR # 113
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	GOLD, SEYMOUR
STREET ADDRESS	15244 LAKES OF DELRAY BLVD #309
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	D <input type="checkbox"/> Delete
NAME	PARIS, ELLIOT
STREET ADDRESS	15461 PEMBRIDGE DR # 309
CITY-ST-ZIP	DELRAY BEACH FL 33484

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED RABINOWITZ V-P
STREET ADDRESS	15251 LAKES OF DELRAY BLVD # 337
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **EDWARD WEST President** *Edward West* 2/6/06 561-496-2792