2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N04000008531

Entity Name: DELRAY PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PRUDENTIAL CRES PROPERTY MANAGEMENT
5301 N FEDERAL HWY - STE 150
BOCA RATON, FL 33487

New Principal Place of Business:

C/O PRUDENTIAL PROPERTY MANAGEMENT
5301 N FEDERAL HWY - STE 150
BOCA RATON, FL 33487

Current Mailing Address:

C/O PRUDENTIAL CRES PROPERTY MANAGEMENT
5301 N FEDERAL HWY - STE 150
BOCA RATON, FL 33487

New Mailing Address:

C/O PRUDENTIAL PROPERTY MANAGEMENT
5301 N FEDERAL HWY - STE 150
BOCA RATON, FL 33487

FEI Number: 20-1900703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JHL REGISTERED AGENT, LLC
5301 N. FEDERAL HWY.
STE. 150
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: APEL, MICHAEL
Address: 1025 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP/D ( ) Delete
Name: GENTILE, ANTHONY
Address: 1025 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: T/D ( ) Delete
Name: MAY, CHARLES
Address: 1025 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: S/D ( ) Delete
Name: LEONE, ROBERT
Address: 1025 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LEONE S/D 04/24/2009
Electronic Signature of Signing Officer or Director — Date