

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008707

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: MURANO OF DELRAY BEACH CONDO ASSOCIATION, INC.

**Current Principal Place of Business:**

15005 MICHELANGELO BOULEVARD  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

15005 MICHELANGELO BOULEVARD  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 20-3378883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURGOS, MARLENE  
15005 MICHELANGELO BLVD  
DELRAY BEACH, FL 33446 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 ( ) Delete  
Name: STARKER, CHAYA  
Address: 950 MARKET PROMENADE AVE # 2200  
City-St-Zip: LAKE MARY, FL 32746

Title: V ( ) Delete  
Name: ANDREWS, VONDIE  
Address: 950 MARKET PROMENADE AVE # 2200  
City-St-Zip: LAKE MARY, FL 32746

Title: ST ( ) Delete  
Name: KESSLER, MICHELLE  
Address: 15145 MICHELANGELO BLVD #105  
City-St-Zip: DELRAY BEACH, FL 33446

**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:

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: MARLENE BURGOS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DM

01/25/2009

\_\_\_\_\_  
Date