


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90224 044 ****61.25

DOCUMENT # N06000000620

1. Entity Name
DELRAY BEACH COMMUNITY LAND TRUST, INC.



Principal Place of Business
**20 N. SWINTON AVE.
 DELRAY BEACH, FL 33444**

Mailing Address
**20 N. SWINTON AVE.
 DELRAY BEACH, FL 33444**

2. Principal Place of Business - No P.O. Box #
145 SW 12th Ave

3. Mailing Address
145 SW 12th Ave

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL


Zip
33444

Country
FB

Zip
33444

Country
FB

400842



04182007 Chg-NP CR2E037 (12/08)

4. FEI Number
20-4162352

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHMIDT, DAVID W.
 140 NE FOURTH AVE., STE. A
 DELRAY BEACH, FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$81.25**
 Due by **May 1, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP | D BERNEDEL, JOSEPH M.G. 95 NE 1ST AVE. DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BROWN, ARTHUR 4255 NW 10 ST. DELRAY BEACH, FL 33445 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUTLER, LULA 100 NW 1ST AVE. DELRAY BEACH, FL 33444 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLONNA, DIANNE 20 N. SWINTON AVE. DELRAY BEACH, FL 33444 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOBSON, EVELYN 130 NW 3RD AVE. DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOLDER, CAROLYN 102 S.W. 9TH AVE. DELRAY BEACH, FL 33444 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEVINSON, JON 145 SW 12 th AVE. DELRAY BEACH, FL 33444 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BROWN, ARTHUR 4255 NW 10 th Street DELRAY BEACH, FL 33444 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Michael Campbell 145 SW 12 th Ave. DELRAY BEACH, FL 33444 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: Arthur Brown (ARTHUR BROWN) 4/23/07 561-862-2361

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