


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90107 014 ****70.00

DOCUMENT # N06000000620					
1. Entity Name DELRAY BEACH COMMUNITY LAND TRUST, INC.					
Principal Place of Business 145 SW 12TH AVE DELRAY BEACH, FL 33444		Mailing Address 145 SW 12TH AVE DELRAY BEACH, FL 33444			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-4162352	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New 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
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINSON, JON		NAME		
STREET ADDRESS	145 SW 12TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ARTHUR		NAME	BROWN, ARTHUR	
STREET ADDRESS	4255 NW 10 ST.		STREET ADDRESS	145 SW 12th AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, LULA		NAME		
STREET ADDRESS	100 NW 1ST AVE.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLONNA, DIANNE		NAME	Williams, Pamela	
STREET ADDRESS	20 N. SWINTON AVE.		STREET ADDRESS	145 SW 12th AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MICHAEL		NAME		
STREET ADDRESS	145 SW 12TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDER, CAROLYN		NAME	Mathews, Brandi	
STREET ADDRESS	102 S.W. 9TH AVE.		STREET ADDRESS	145 SW 12th AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Delray Beach, FL 33444	
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: _____			Date: 4/18/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		