


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90005 013 \*\*\*\*61.25

0045228

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002932**

1. Corporation Name  
**ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC**

Principal Place of Business C/O BERT MEHL 7632 MANSFIELD HOLLOW DELRAY BEACH FL 33446 US	Mailing Address C/O BERT MEHL 7632 MANSFIELD HOLLOW DELRAY BEACH FL 33446 US
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2. Principal Place of Business 21 Suites, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05/30/1996	4. FEI Number 65-0698232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent <del>LEVINE, CURTIS G 2255 GLADES ROAD SUITE 200 EAST ONE BOCA PLACE BOCA RATON FL 33431</del>	10. Name and Address of New Registered Agent 81 Name <b>JOSHUA G. GERSTIN ESQ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1515 N. Federal Highway # 300</b> 83 84 City <b>Boca Raton</b> FL 85 Zip Code <b>33432</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Joshua G. Gerstin* DATE: **4/26/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHL, BERT	1.2 NAME	
STREET ADDRESS	7632 MANSFIELD HOLLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	
TITLE	D2VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULBAUM, ROBERT	2.2 NAME	
STREET ADDRESS	7284 CLUNIE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRMAN, FRANK	3.2 NAME	
STREET ADDRESS	13650 WHIPPET WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	3.4 CITY-ST-ZIP	
TITLE	D3VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDWASSER, ED	4.2 NAME	
STREET ADDRESS	7616 MANSFIELD HOLLOW	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFRAN, AL	5.2 NAME	
STREET ADDRESS	7828C LEXINGTON CLUB BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINER, HAROLD	6.2 NAME	
STREET ADDRESS	15090 ASHLAND PIE-170	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33484	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bert Mehl* DATE: **4/13/99** DAYTIME PHONE: **561-495-6662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)