2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

FILED Apr 28, 2005 Secretary of State

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

Current Principal Place of Business:				New Principal Place of Business:			
% JOSHUA G. GERSTIN, ESQ. STE. 108, 399 W. PALMETTO PARK RD., BOCA RATON, FL 33432 US				% JOSHUA G. GERSTIN, ESQ. 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486 US			
Current Mailing Address:				New Mailing Address:			
% JOSHUA G. GERSTIN, ESQ. STE. 108, 399 W. PALMETTO PARK RD., BOCA RATON, FL 33432 US				% JOSHUA G. GERSTIN, ESQ. 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486 US			
FEI Number:	65-0698232	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status De	esired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	ew Registered Age	nt:
GERSTIN, JOSHUA G ESQ 399 W. PALMETTO PARK RD., #108 BOCA RATON, FL 33432 US				GERSTIN, JOSHUA G ESQ 1499 W. PALMETTO PARK RD, SUITE 412 412 BOCA RATON, FL 33486 US			
The above in the State		submits this statement for the	purpose o	f changing it	s registered off	fice or registered ag	ent, or both,
SIGNATURE: JOSHUA GERSTIN				04/28/2005			
	Electron	ic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () SCHULBAUM, R 15474 FIORENZ DELRAY BEACK	ZA CIRCLE		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () BEHRMAN, FRA 13650 WHIPPE DELRAY BEACK	T WAY		Title: Name: Address: City-St-Zip:	() (Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () GOLDWASSER 7616 MANSFIEI DELRAY BEACH	D HOLLOW		Title: Name: Address: City-St-Zip:	DT (X) GOLDWASSER, 7616 MANSFIEL DELRAY BEACH	D HOLLOW	
Title: Name: Address: City-St-Zip:	TD () KLEINER, HARG 15090 ASHLANI DELRAY BEACH	D PIE-170		Title: Name: Address: City-St-Zip:	VP (X) KLEINER, HARO 15090 ASHLAND DELRAY BEACH	PIE-170	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SPIELHOLZ, EVI	LMETTO PARK RD, SUI	TE 412
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MAZOR, MICKE	LMETTO PARK RD, SUI	TE 412

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 SCHULBAUM P 04/28/2005