


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002932	
1. Entity Name ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.	

Principal Place of Business % JOSHUA G. GERSTIN, ESQ. 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486 US	Mailing Address % JOSHUA G. GERSTIN, ESQ. 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486 US
---	---



04252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0698232	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

**GERSTIN, JOSHUA G ESQ
 1499 W. PALMETTO PARK RD, SUITE 412
 412
 BOCA RATON, FL 33486**

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000927555
 05/20/08 80111-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULBAUM, ROBERT 15474 FIORENZA CIRCLE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZALKIN, LARRY C/O 1499 W. PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAZOR, MORT 1499 W. PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEINER, HAROLD C/O 1499 W. PALMETTO PARK RD., SUITE 412 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPIELHOLZ, EVELYN C/O 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VINIKOOR, LORI C/O 1499 W. PALMETTO PARK RD, SUITE 412 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

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: Larry Zalkin **LARRY ZALKIN** 4/25/08 (561)653-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #