

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90263 031 \*\*\*150.00

DOCUMENT # P00000115096

1. Entity Name  
DELRAY GOLF CENTER, INC.



Principal Place of Business

2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

Mailing Address

2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1061728  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G  
1401 E. BROWARD BLVD, #200  
FORT LAUDERDALE, FL 33301

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PASSEN, SELVIN
STREET ADDRESS	2001 SW 20TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D
NAME	PASSEN, SYLVIA H
STREET ADDRESS	2001 SW 20TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D
NAME	<del>NAGA DORA P</del> NAGA DORA P
STREET ADDRESS	<del>2001 SW 20TH STREET</del> 2001 SW 20TH ST
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33315</del> FT. LAUDERDALE, FL 33315
TITLE	D
NAME	<del>PASSEN MARTIN J</del> PASSEN MARTIN J
STREET ADDRESS	<del>2001 SW 20TH STREET</del> 2001 SW 20TH ST
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33315</del> FT. LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

954 713-0341

Daytime Phone #