

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **753696** (4)

1. Corporation Name

DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

C/O SPECIALTY MANAGEMENT CO
220 CONGRESS PARK DR., #200/130
DELRAY BEACH FL 33445
US

C/O SPECIALTY MANAGEMENT CO
220 CONGRESS PARK DR. #200/130
DELRAY BEACH FL 33445
US



3. Date Incorporated or Qualified
08/08/1980

3a. Date of Last Report
04/17/1995

4. FEI Number

59-2674063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPECIALTY MANAGEMENT COMPANY
200 CONGRESS PARK DR
SUITE #200/130
DELRAY BEACH FL 33445

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COLINA, EDWARD
STREET ADDRESS 8274 SAWPINE ROAD
CITY-ST-ZIP DELRAY BCH. FL

1.1 TITLE TD ☐ Change ☒ Addition
1.2 NAME BAUMANN, ROBERT
1.3 STREET ADDRESS 15175 TALL OAK AVE.
1.4 CITY-ST-ZIP DELRAY BEACH, FL

TITLE D ☒ DELETE
NAME STARNES, HAROLD
STREET ADDRESS 15240 TALL OAK AVENUE
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME KIRBY, JOHN
2.3 STREET ADDRESS 8243 SAWPINE ROAD
2.4 CITY-ST-ZIP DELRAY BEACH, FL

TITLE VD ☐ DELETE
NAME CLAUSE, RAYMOND
STREET ADDRESS 8234 SAWPINE ROAD
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME ECKLOND, CHARLES
3.3 STREET ADDRESS 15208 PERSIMMON AVE.
3.4 CITY-ST-ZIP DELRAY BEACH, FL

TITLE SD ☒ DELETE
NAME THOMPSON, GLORIA
STREET ADDRESS 8602 SAWPINE ROAD
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME JIM ROBINSON,
STREET ADDRESS 8363 SAWPINE ROAD
CITY-ST-ZIP DELRAY BEACH FL 33446

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/96

(407) 495-7117

CR2E037 (12/95)