2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90442 045 ****61.25

14016306

DOCUMENT # 738666

1. Entity Name
DELRAY GOLF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4977 PINEVIEW CIRCLE DELRAY BEACH, FL 33445 US	4977 PINEVIEW CIRCLE DELRAY BEACH, FL 33445 US

04162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 24-3399	P.O. Box 24-3399
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33424 Country: US	Zip: 33424 Country:

4. FEI Number: 59-1806561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATFIELD, BRUCE 4977 PINEVIEW CIRCLE DELRAY BEACH, FL 33445	Name: VICKI FEICHT Street Address (P.O. Box Number is Not Acceptable): 1375 Gateway Blvd. City: Boynton Beach FL Zip Code: 33426

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: Vicki M. Feicht 4/16/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HATFIELD, BRUCE 4977 PINEVIEW CIRCLE DELRAY BEACH, FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MASON, TODD 9277 LAKESIDE LANE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLACE, HERME R 312 LIVE OAKS LANE BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RODRIGUEZ, MARIA 645 SW 20TH COURT #9C DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCCENA, FRANXEL 1750 BANYAN CREEK COURT BOYNTON BEACH, FL 33436	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: Vicki M. Feicht 4/28/04 (561) 536-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #