2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUI	MENT # 7	07571]	05-02-200	7 90059	9 045 ****	61.25
1. Entity Nam DELRAY		A CONDOMI	NIUM				0.00 T D V			
Principal Place of Business 1000 LOWRY ST DELRAY BEACH, FL 33483		Mailing Address 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431					B(6) B(6)	IBIN BIBSI BEBNI BIBI		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 Lowry Street								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007 C	hg-NP	CR2E0)37 (12/06)		
City & State			City & State Delray Beach, Florida			4. FEI Number 59-111750)1	•	} 	plied For t Applicable
Zip	C	Country	Zip 33483	Country		5. Certificate of St	tatus Desired	Ċ	\$8.75 Add	litional
	6. Name and	Address of Current	Registered Agent	<u> </u>		7. Name and Add	ress of New R	egistered	Agent	
14/11 LIC ET	DUECTIAL			Name	He	rman E. Cl	ark			
WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD STE 18				Street Address () Ste	500	
	TON, FL 3343	1								
	2					lrav Beach		FL	Zip Code 3348	
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	named entity subrions of registered a		or the purpose of changing its	registered office o	r register	red agent, or both, in				and accept
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the obligati	ions of registered a	agent. L. C. ad name of registered agent \$61.25	and title if applicable. (NOT	coman	F. Z	Clark	04 M	1/26/ DATE		
the obligati	Signature, typed or printe	agent. L. C. ad name of registered agent \$61.25	and title if applicable. (NOT 9. Election Car Trust Fund (E: Registered Agent signs	ture required	when reinstating) \$5.00 May Be	04 M Flori	1/26/ DATE ake chec ida Depa	07 ck payable to	o eate
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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.

CITY-ST-ZIP

SIGNATURE:

DELRAY BEACH, FL 33483

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/7

Daytime Phone #