

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707571

**Entity Name:** DELRAY SUMMIT INC A CONDOMINIUM**Current Principal Place of Business:**1000 LOWRY STREET  
DELRAY BEACH, FL 33483**Current Mailing Address:**1000 LOWRY STREET  
DELRAY BEACH, FL 33483 US**FEI Number:** 59-1117501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHELLE, KONYK  
777 S FLAGLER DRIVE  
SUITE 800- WEST TOWER  
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	SHILDER, PETER
Address	1000 LOWRY STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	BAKER, LINDA
Address	1000 LOWRY ST.,
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	KAMINKOW, MICHAEL
Address	1000 LOWRY STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	SACHS, LEON
Address	1000 LOWRY STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	MANYAK, MICHAEL
Address	1000 LOWRY STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	PASCIUCCO, LEONARD
Address	1000 LOWRY ST.
City-State-Zip:	DELRAY BEACH FL 33483

Title	PRESIDENT
Name	PAULUS, SUSAN
Address	1000 LOWRY STREET
City-State-Zip:	DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SUSAN PAULUS

PRESIDENT

02/22/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date