

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713963

Entity Name: PENTHOUSE DELRAY ASSOCIATION INC.**Current Principal Place of Business:**1910 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483**Current Mailing Address:**1910 SOUTH OCEAN BLVD.
DELRAY BEACH, FL 33483**FEI Number:** 59-1231507**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBAUM MOLLENGARDEN PLLC
250 AUSTRALIAN AVE SOUTH
STE 500
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	D
Name	CONSTAND, ANTHONY
Address	1405 THISTLEWOOD COURT
City-State-Zip:	CHESAPEAKE VA 23320

Title	T
Name	BROCKNEY, WAYNE
Address	1910 SOUTH OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

Title	D
Name	DUFFILL, GAIL
Address	52 HOMERS DOCK ROAD.
City-State-Zip:	YARMOUTHPORT MA 02675

Title	S
Name	POSTELL, MONICA
Address	1910 SOUTH OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

Title	P
Name	BOWEN, MAUREEN
Address	1910 SOUTH OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

Title	VP
Name	MAZZA, LOUIS
Address	1910 SOUTH OCEAN BLVD.
City-State-Zip:	DELRAY BEACH FL 33483

Title	D
Name	CLARK, BARBARA
Address	1111 ARLINGTON BLVD
City-State-Zip:	ARLINGTON VA 22209

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: MAUREEN D. BOWEN**PRESIDENT****02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date