

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713963

**FILED**  
**Feb 23, 2023**  
**Secretary of State**  
**3517629630CC**

**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 US

**FEI Number:** 59-1231507

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KAYE BENDER REMBAUM P.L.  
1200 PARK CENTRAL BLVD. SOUTH  
POMPANO BEACH, FL 33064 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            PRESIDENT  
Name            CONSTAND, ANTHONY  
Address        1405 THISTLEWOOD COURT  
City-State-Zip: CHESAPEAKE VA 23320

Title            TREASURER  
Name            BROCKNEY, WAYNE  
Address        1910 SOUTH OCEAN BLVD #138  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            CAMP, JOHN  
Address        1910 S. OCEAN BLVD. #308  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            GINKUS, SUSAN  
Address        1910 S. OCEAN BLVD. #430  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            PICARELLO, JAMES  
Address        1910 S OCEAN BLVD #238  
City-State-Zip: DELRAY BEACH FL 33483

Title            SECRETARY  
Name            BROWN, BEVERLY  
Address        125 WORCESTER PROVIDENCE PIKE  
City-State-Zip: SUTTON MA 01590

Title            VP  
Name            GALO, DOROTHY  
Address        1 VOLUNTEER ROAD  
City-State-Zip: HINGHAM MA 02043

*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:** WAYNE BROCKNEY

**TREASURER**

**02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date