

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741194

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**4925634928CC**

**Entity Name:** DELRAY WEST TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13290 VIA VULCANUS  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

13188 VIA VESTA  
DELRAY BEACH, FL 33484 US

**FEI Number: 59-2069993**

**Certificate of Status Desired: No**

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

STEVEN R. BRATEN, P.A.  
ROSENBAUM PLLC  
250 AUSTRALIAN AVENUE SOUTH 5TH FLOOR  
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            PRES  
Name            KUHN, GEORGE  
Address        13464A VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            TREA  
Name            BRADLEY, SCOTT  
Address        6091 VIA DIANA  
City-State-Zip: DELRAY BEACH FL 33484

Title            SEC  
Name            KARGER, WENDY  
Address        13246B VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            CLEMON, ED  
Address        13343B VIA VULCANUS  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            MCCLOSKEY, SHARON  
Address        13367B VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            MARGILLO, WILLIAM  
Address        13178 VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            REDER, ED  
Address        13356B VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

*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: GEORGE KUHN**

**PRESIDENT**

**02/11/2019**

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

\_\_\_\_\_  
Date