

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741194

FILED
Jan 08, 2014
Secretary of State
CC0840921702

Entity Name: DELRAY WEST TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13188 VIA VESTA
DELRAY BEACH, FL 33484

Current Mailing Address:

13188 VIA VESTA
DELRAY BEACH, FL 33484

FEI Number: 59-2069993

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEVEN R. BRATEN, P.A.
500 GULFSTREAM BLVD.
SUITE 104
DELRAY BEACH, FL 33483 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 REYNOLDS, LOUISE
Address 13110 VIA VESTA
City-State-Zip: DELRAY BEACH FL 33484

Title TREA
Name OJEDA-NUNEZ, CARMEN L
Address 13188 VIA VESTA
City-State-Zip: DELRAY BEACH FL 33484

Title SEC
Name SMOTROFF, ELAINE
Address 13085 VIA MINERVA
City-State-Zip: DELRAY BEACH FL 33484

Title VP
Name VAN AMBURGH, ARLENE
Address 13169 VIA VESTA
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name GRINELL, STEVE
Address 6091 VIA DIANA
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 BERNARD, EDWARD
Address 13121 VIA MINERVA
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR
Name POLITO, FREDERICK
Address 13034 VIA VESTA
City-State-Zip: DELRAY BEACH FL 33484

Continues on page 2

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: CARMEN OJEDA-NUNEZ

TREASURER

01/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAYRAND, RODGER
Address 6056B VIA SILVANUS
City-State-Zip: DELRAY BEACH FL 33484