

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741194

**FILED**  
**Apr 28, 2013**  
**Secretary of State**  
**CC8306353728**

**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 US

**FEI Number: 59-2069993**

**Certificate of Status Desired: Yes**

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

SHAFRITZ & BRATEN, P.A. .  
551 SE 8TH STREET  
4TH FLOOR  
DELRAY BEACH, FL 33548 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           REDDER, EDWARD  
Address       13356B VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           POLITO, FREDERICK  
Address       13034 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: CARMEN L OJEDA-NUNEZ**

**TREASURER**

**04/28/2013**

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

\_\_\_\_\_  
Date