

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741194

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC4638427077**

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

**Current Principal Place of Business:**

13290 VIA SILVANUS  
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            PRATT, PATRICIA  
Address        13067 VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            SEC  
Name            SHAMBERG, ANN  
Address        13059 VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            VP  
Name            KUHN, GEORGE  
Address        13464A VIA VESTA  
City-State-Zip: DELRAY BEACH FL 33484

Title            DIRECTOR  
Name            AMSTERDAM, LYNN  
Address        13160 VIA VESTA  
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            ROSENMAN, ELLEN  
Address        13434A 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: LOUISE REYNOLDS**

**PRESIDENT**

**03/03/2016**

\_\_\_\_\_  
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