

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01338

**Entity Name:** LAKES OF DELRAY, INC.

**Current Principal Place of Business:**

15055 LAKES OF DELRAY BLVD.  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

15055 LAKES OF DELRAY BLVD.  
DELRAY BEACH, FL 33484 US

**FEI Number:** 59-2596584

**Certificate of Status Desired:** No

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

LEAVY, MARIA  
LEAVY LAW, P.A.  
800 VILLAGE SQUARE CROSSINGS - STE. 347  
PALM BEACH GARDENS, FL 33410 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 P  
Name BERGER, BOB  
Address 15054 ASHLAND WAY #91  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name SIMON, ED  
Address 15216 LAKE OF DELRAY BLVD #125  
City-State-Zip: DELRAY BEACH FL 33484

Title S  
Name KULYASSA, JAYNE  
Address 15011 ASHLAND CIR #29  
122  
City-State-Zip: DELRAY BEACH FL 33484

Title T  
Name ARONSON, LONNIE  
Address 5574 WITNEY DR #104  
City-State-Zip: DELRAY BEACH 33484

Title 2ND VP  
Name PASSMAN, DAVID  
Address 15251 LAKES OF DELRAY BLVD #334  
City-State-Zip: DELRAY BEACH 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:** BOB BERGER

**PRESIDENT**

**03/07/2022**

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

\_\_\_\_\_  
Date