

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000620

Entity Name: DELRAY BEACH COMMUNITY LAND TRUST, INC.

FILED
Apr 24, 2017
Secretary of State
CC7581653604

Current Principal Place of Business:

145 SW 12TH AVE
DELRAY BEACH, FL 33444

Current Mailing Address:

145 SW 12TH AVE
DELRAY BEACH, FL 33444 US

FEI Number: 20-4162352

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHMIDT, DAVID W.
140 NE FOURTH AVE., STE. A
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 PRESIDENT
Name ELIOPOULOS, GARY P
Address 1045 E. ATLANTIC AVENUE, SUITE
 303
City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER
Name HILL, VICKI
Address 1023 MANGO DRIVE
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name WEINMAN, MORRIE DR.
Address 145 SW 12TH AVE
City-State-Zip: DELRAY BEACH FL 33444

Title DCFO
Name DOBSON, EVELYN S
Address 145 SW 12TH AVE
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name MITCHELL, DYSONYA
Address 225 SW 7TH AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name COTTON, POLK
Address 1025 MANGO DR.
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name WRIGHT, PATRICIA
Address 255 NW 14TH AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name MORRIS, KIMBERLY
Address 907 SW 28TH AVENUE
City-State-Zip: BOYNTON BEACH FL 33435

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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: GARY P ELIOPOULOS

PRESIDENT

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name HAYWOOD, CHERYL
Address 1302 LEE STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name HOLLIDAY JR, ANTHONY
Address 314 SW 3RD STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name MCGOWAN JR, ELTON T
Address 214 NW 8TH AVENUE
City-State-Zip: DELRAY BEACH FL 33444

Title VP
Name BROWN, ARTHUR
Address 4255 NW 10TH STREET
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name WALDRON, DONNA L
Address 1014 NE 9TH AVENUE
City-State-Zip: DELRAY BEACH FL 33444