

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000620

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC8611281379**

**Entity Name:** DELRAY BEACH COMMUNITY LAND TRUST, INC.

**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:** No

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

SCHMIDT, DAVID W.  
766 SE 5TH AVENUE  
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            CEO  
Name            DOBSON, EVELYN S  
Address        145 SW 12TH AVE  
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

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

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

**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:** EVELYN S DOBSON

**CEO**

**04/26/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name TOWNSEND, SHEILA  
Address 200 NW 5TH AVE C  
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 DIRECTOR  
Name COLONNA, DIANE  
Address 971 DELRAY LAKES DRIVE  
City-State-Zip: DELRAY BEACH FL 33444