

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

Current Principal Place of Business:

40 S.E. 5TH STREET,
SUITE 610
BOCA RATON, FL 33432

Current Mailing Address:

40 S.E.5TH STREET
SUITE 610
BOCA RATON, FL 33432 US

FEI Number: 65-0698232

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERSTIN, JOSHUA G. ESQ.
40 S.E. 5TH STREET
SUITE 610
BOCA RATON, FL 33432 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: JOSHUA G. GERSTIN

04/02/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHULBAUM, ROBERT
Address 15474 FIORENZA CIRCLE
City-State-Zip: DELRAY BEACH FL 33446

Title VP
Name VINIKOOR, LORI
Address C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title VP
Name WALDEN, MARGIE J.
Address C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title VP
Name GOODMAN, STANLEY
Address C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title S
Name SPIELHOLZ, EVELYN
Address C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title T
Name KALISH, STANLEY
Address C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

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: ROBERT SCHULBAUM

PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date