2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

FILED Feb 20, 2015 Secretary of State CC9360614390

Current Principal Place of Business:

10290 WEST ATLANTIC AVE.

480504

DELRAY BEACH, FL 33448

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 02/20/2015

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title EXEC VICE PRESIDENT, DIRECTOR

Name SCHULBAUM, ROBERT Name VINIKOOR, LORI

Address 15474 FIORENZA CIRCLE Address C/0 40 S.E. 5TH STREET, SUITE 610

City-State-Zip: DELRAY BEACH FL 33446 City-State-Zip: BOCA RATON FL 33432

Title VP, DIRECTOR Title SECRETARY, DIRECTOR

Name GOODMAN, STANLEY Name SPIELHOLZ, EVELYN

Address C/0 40 S.E. 5TH STREET, SUITE 610 Address C/0 40 S.E. 5TH STREET, SUITE 610

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title TREASURER Title VP, DIRECTOR

Name KALISH, STANLEY Name ARNOLD, NORMA

Address C/0 40 S.E. 5TH STREET, SUITE 610 Address 40 S.E. 5TH STREET,

SUITE 610

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR Title DIRECTOR

NameKLAUSNER, CAROLNameKLEINER, HAROLDAddress40 S.E. 5TH STREET,Address40 S.E. 5TH STREET.

SUITE 610 SUITE 610

City-State-Zip: BOCA RATON FL 33432 City-State-Zip: BOCA RATON FL 33432

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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: ROBERT SCHULBAUM PRESIDENT & DIRECTOR 02/20/2015

Officer/Director Detail Continued:

Title DIRECTOR

Name LEVINE, PHYLLIS

Address 40 S.E. 5TH STREET,

SUITE 610

City-State-Zip: BOCA RATON FL 33432

Title VP, DIRECTOR
Name ZALKIN, LARRY

Address 40 S.E. 5TH STREET,

SUITE 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

Name WEISMAN, MARIANNE

Address 40 S.E.5TH STREET

SUITE 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

Name ZUCKERMAN, SUSAN

Address 40 S.E. 5TH STREET,

SUITE 610

City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR

Address

Name KATZ, ARNOLD

SUITE 610

40 S.E.5TH STREET

City-State-Zip: BOCA RATON FL 33432