

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

FILED
Jan 16, 2017
Secretary of State
CC0447048421

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

Current Principal Place of Business:

10290 WEST ATLANTIC AVE.
480504
DELRAY BEACH, FL 33448

Current Mailing Address:

10290 WEST ATLANTIC AVE.
#480504
DELRAY BEACH, FL 33448 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

01/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title EXEC VICE PRESIDENT, DIRECTOR
Name VINIKOOR, LORI
Address C/0 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title VP, DIRECTOR
Name GOODMAN, STANLEY
Address C/0 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title SECRETARY, DIRECTOR
Name SPIELHOLZ, EVELYN
Address C/0 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title TREASURER
Name BORENSTEIN, DEBBIE
Address C/0 40 S.E. 5TH STREET, SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title VP, DIRECTOR
Name ARNOLD, NORMA
Address 40 S.E. 5TH STREET,
SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name KLAUSNER, CAROL
Address 40 S.E. 5TH STREET,
SUITE 610
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name KLEINER, HAROLD
Address 40 S.E. 5TH STREET,
SUITE 610
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: LORI VINIKOOR

EXECUTIVE VP

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

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 KATZ, ARNOLD
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
Name WEISMAN, MARIANNE
Address 40 S.E.5TH STREET
SUITE 610
City-State-Zip: BOCA RATON FL 33432