2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.

FILED Mar 21, 2014 **Secretary of State** CC8293400469

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 03/21/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title EXEC VICE PRESIDENT, DIRECTOR

Name SCHULBAUM, ROBERT Name VINIKOOR, LORI

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

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

Title VP, DIRECTOR

Title SECRETARY, DIRECTOR GOODMAN, STANLEY Name 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 DIRECTOR

KALISH, STANLEY Name Name ARNOLD, NORMA

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

SUITE 610

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

Title DIRECTOR **DIRECTOR** Title

Name KLAUSNER, CAROL Name KLEINER, HAROLD

Address 40 S.E. 5TH STREET, Address 40 S.E. 5TH STREET, SUITE 610

SUITE 610 BOCA RATON FL 33432

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

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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.

03/21/2014 SIGNATURE: ROBERT SCHULBAUM **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameLEVINE, PHYLLISNameMAZOR, MORT

Address 40 S.E. 5TH STREET, Address 40 S.E. 5TH STREET,

SUITE 610 SUITE 610

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

TitleDIRECTORTitleDIRECTORNameZUCKERMAN, SUSIENameZALKIN, LARRY

Address 40 S.E. 5TH STREET, Address 40 S.E. 5TH STREET,

SUITE 610 SUITE 610

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