

NOTE: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra G. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205073 (0)

1. Corporation Name

DELRAY VILLAS, INC.

Principal Place of Business

**2225 S OCEAN BLVD
DELRAY BEACH FL 33483**

Mailing Address

**2225 S OCEAN BLVD
DELRAY BEACH FL 33483**

**APPROVED
AND
FILED**

95 APR 19 AM 1:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1957

3a. Date of Last Report

02/08/1994

4. FEI Number

60-0682050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HENDERSON, LARRY
2225 S OCEAN BLVD
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Same as Above

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME DOBSKI, EDWIN J., DR.
STREET ADDRESS 2225 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000**

**TITLE TD
NAME HOLMES, JOHN P
STREET ADDRESS 2225 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000**

**TITLE D
NAME COOK, JOAN
STREET ADDRESS 2225 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000**

**TITLE VD
NAME HAYMAN, VIRGINIA
STREET ADDRESS 2225 SOUTH OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL**

**TITLE SD
NAME SEEBERGER, NANCYE
STREET ADDRESS 2225 SOUTH OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

John P. Holmes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 1995

DATE

Daytime Phone #