

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 205073 (0)  
1. Corporation Name  
DELRAY VILLAS, INC.



Principal Place of Business Mailing Address  
2225 S OCEAN BLVD 2225 S OCEAN BLVD  
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/14/1957	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		60-0882050	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICZKOWSKI, ROBERT C  
2225 S. OCEAN BLVD.  
DELRAY BEACH FL 33483

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICZKOWSKI, ROBERT C	12 NAME	
STREET ADDRESS	2225 S. OCEAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEALLY, JOHN F	22 NAME	LAUBER, RICHARD
STREET ADDRESS	2225 S. OCEAN BLVD.	23 STREET ADDRESS	6408 13TH AVE W
CITY-ST-ZIP	DELRAY BCH, FL 00000	24 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOESKI, BARBARA L	32 NAME	DOBSKI, BARBARA L.
STREET ADDRESS	6120 WAKING LN	33 STREET ADDRESS	774 GREEN DRIVE
CITY-ST-ZIP	WATERFORD IN	34 CITY-ST-ZIP	MID, MI 48647
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTIE, JAMES	42 NAME	
STREET ADDRESS	2225 S. OCEAN BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	44 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORESETIER, POLLY	52 NAME	COOK, JOAN
STREET ADDRESS	2225 SOUTH OCEAN BLVD.	53 STREET ADDRESS	229 COACH ROAD
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	LANGHORNE, PA 19047
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address.

CP2E034 (10/97)

4/16/98 561 215 0429 448 28 4/16/98