2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90060 023 ****61.25

DOCUMENT # 713963

1. Entity Name

PENTHOUSE DELRAY ASSOCIATION INC.

Principal Place of Business	Mailing Address
1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483	1910 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1231507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C ESQ
C/O BECKER & POLAIKOFF, P.A.
500 AUSTRALIAN AVE. SO., 9TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CONSTAND, ANTHONY 4662 BROMFIELD AVENUE VIRGINIA BEACH VA 23455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEANY, JOHN 101 SPRING STREET LEXINGTON MA 02421	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARTHUR RESNICK 3 KINGS PARK DRIVE RYE BROOK, NY 10573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANNON, DOROTHY 44 MYSTIC RIVER RD. MEDFORD MA 02155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD POSTELL, MONICA 1910 SOUTH OCEAN BLVD DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WIDMANN, HOWARD 1910 SOUTH OCEAN BLVD DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOWEN, MAUREEN 1910 SOUTH BLVD DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maureen Bowen - MAUREEN D. BOWEN 2/26/08 (561)276-6984