

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713963

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: PENTHOUSE DELRAY ASSOCIATION INC.

## Current Principal Place of Business:

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

1910 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 59-1231507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KATZMAN GARFINKEL ROSENBAUM  
250 AUSTRALIAN AVE SOUTH  
STE 500  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: CONSTAND, ANTHONY  
Address: 4662 BROMFIELD AVENUE  
City-St-Zip: VIRGINIA BEACH, VA 23455

Title: D ( ) Delete  
Name: RESNICK, ARTHUR  
Address: 3 KINGS PARK DRIVE  
City-St-Zip: RYE BROOK, NY 10573

Title: D ( ) Delete  
Name: SHANNON, DOROTHY  
Address: 44 MYSTIC RIVER RD.  
City-St-Zip: MEDFORD, MA 02155

Title: SD ( ) Delete  
Name: POSTELL, MONICA  
Address: 1910 SOUTH OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD ( ) Delete  
Name: WIDMANN, HOWARD  
Address: 1910 SOUTH OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete  
Name: BOWEN, MAUREEN  
Address: 1910 SOUTH BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: DUFFILL, GAIL  
Address: 52 HOMERS DOCK ROAD.  
City-St-Zip: YARMOUTHPORT, MA 02675

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN BOWEN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date