


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90100 050 ****70.00

DOCUMENT # 715291							
1. Entity Name DELRAY DUNES GOLF & COUNTRY CLUB, INC.							
Principal Place of Business 12005 DUNES ROAD BOYNTON BEACH, FL 33436			Mailing Address 12005 DUNES ROAD BOYNTON BEACH, FL 33436				
2. Principal Place of Business		3. Mailing Address		02022006 Chg-NP CR2E037 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1262000			
				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SCHANEN, DAVID P. 12005 DUNES ROAD BOYNTON BEACH, FL 33436			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 <i>David P. Schanen Club Mgr.</i>					DATE 3-5-06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered agent signature required when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEVENSON, JAMES R		NAME	NICHOLAS II, JOHN C.			
STREET ADDRESS	11956 N. LAKE DRIVE		STREET ADDRESS	11582 DUNES ROAD			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAHLER, DEIDRE D		NAME	CONNELLY, JEFFREY C.			
STREET ADDRESS	11965 NORHT LAKE DRIVE		STREET ADDRESS	11884 N. LAKE DRIVE			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROLFES, FRANK H		NAME	MARTIN, JOSEPH A.			
STREET ADDRESS	4540 S. BARWICK RANCH CIRCLE		STREET ADDRESS	4832 S. LAKE DRIVE			
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	BOYNTON BEACH, FL 33436			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HILL, CARRIE P		NAME	DANIELSON, DWIGHT E			
STREET ADDRESS	4576 SOUTH LAKE DRIVE		STREET ADDRESS	7 BONSAI DRIVE			
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436			
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	STEVENSON, JAMES R.			
STREET ADDRESS			STREET ADDRESS	11956 N. LAKE DRIVE			
CITY-ST-ZIP			CITY-ST-ZIP	BOYNTON BEACH, FL 33436			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.							
SIGNATURE: <i>Clues L. Danielson</i>					DATE 3/5/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone # 561-732-1600		