

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715291

FILED
Feb 12, 2009
Secretary of State

Entity Name: DELRAY DUNES GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

12005 DUNES ROAD
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

12005 DUNES ROAD
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 59-1262000 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRITES, DONALD E.
12005 DUNES ROAD
BOYNTON BEACH, FL 33436 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: SD () Delete
Name: ARPANTE, STEPHEN J
Address: 10 GARDEN DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD () Delete
Name: OLIVELLA, JR., JOSE E
Address: 4725 S. LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: STEVENSON, JAMES R
Address: 11956 N. LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: DANIELSON, DWIGHT E
Address: 7 BONSAI DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: GOODRIDGE, PETER A
Address: 1075 HIBISCUS LANE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: DELANY, DAVID F
Address: 4937 S. LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD (X) Change () Addition
Name: GOODRIDGE, PETER A
Address: 1075 HIBISCUS LANE
City-St-Zip: BOYNTON BEACH, FL 33444

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: DAVID DELANY

TD

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date