

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90330 026 ****61.25

DOCUMENT # 716079

1. Entity Name
DELRAY DUNES SLASH PINE VILLAS, INC.



Principal Place of Business

96 NE 4TH AVE
DELRAY BCH, FL 33483 US

Mailing Address

96 NE 4TH AVE
DELRAY BCH, FL 33483 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02102005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1345949

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUBERTO, PAUL
639 EAST OCEAN AVE
STE #204
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name *Marsha Adler*
Street Address (P.O. Box Number Not Acceptable)
639 E. Ocean Avenue
Suite 204
City *Boynton Beach* FL Zip Code *33435*

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

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, 2005

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

TITLE PD ☐ Delete
NAME CRONIN, DAN
STREET ADDRESS 2 SPLASH PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VPD ☒ Delete
NAME SEIDENSOKKER, HERB
STREET ADDRESS 11 SPLASH PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE TD ☐ Delete
NAME MANCUSI-UNGARO, PIER
STREET ADDRESS 10 SLASH PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE SD ☐ Delete
NAME ROBERTS, BARBARA
STREET ADDRESS 15 SLASH PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *Peter Monroe*
STREET ADDRESS *4 Slash Pine Drive*
CITY-ST-ZIP *Boynton Beach, FL 33436*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/05 (561) 752-9922