

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90214 015 ****61.25

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02072006 Chg-NP CR2E037 (11/05)

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 <i>8694 Indian River Run</i> Suite, Apt. #, etc.			3. Mailing Address <i>8694 Indian River Run</i> Suite, Apt. #, etc.		
City & State <i>Boynton Beach FL</i> Zip <i>33437</i> Country <i>USA</i>			4. FEI Number 59-1345949		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent ADLER, MARSHA 639 EAST OCEAN AVE STE #204 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name <i>Association Management Group</i> Street Address (P.O. Box Number is Not Acceptable) <i>8694 Indian River Run</i> City <i>Boynton Beach</i> FL Zip Code <i>33437</i>	
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>Marsha Adler</i> DATE <i>4/24/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRONIN, DAN 2 SPLASH PINE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEIDENSOKKER, HERB 11 SPLASH PINE DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANCUSI-UNGARO, PIER 10 SLASH PINE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, BARBARA 15 SLASH PINE DRIVE BOYNTON BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, PETER 4 SPLASH PINE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 all other like empowered.					
SIGNATURE: <i>Dan Cronin</i> <i>561-737-1966</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					