

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90054 012 ****61.25

DOCUMENT # 716079

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



Principal Place of Business
**8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US**

Mailing Address
**8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437 US**

40023600



01312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**ASSOCIATION MANAGEMENT GROUP
8694 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437**

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME MONROE, PETER
STREET ADDRESS 4 SPLASH PINE DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #