

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 716079

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** DELRAY DUNES SLASH PINE VILLAS, INC.

**Current Principal Place of Business:**

10 SLASH PINE DRIVE  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 SLASH PINE DRIVE  
BOYNTON BEACH, FL 33436 US

**New Mailing Address:**

**FEI Number:** 59-1345949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANCUSI-UNGARO, PIER  
10 SLASH PINE DRIVE  
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: PD  
Name: CRONIN, DAN  
Address: 2 SLASH PINE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD  
Name: MANCUSI-UNGARO, PIER  
Address: 10 SLASH PINE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD  
Name: ROBERTS, BARBARA  
Address: 15 SLASH PINE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 55

Title: D  
Name: MEYER, THEODORE L  
Address: 11 SLASH PINE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D  
Name: MORGAN, MARIAN  
Address: 9 SLASH PINE DIVE  
City-St-Zip: BOYNTON BEACH, FL 33436 55

I hereby 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 all other like empowered.

SIGNATURE: PIER MANCUSI-UNGARO

TREA

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date