


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90041 021 \*\*\*\*61.25

<b>DOCUMENT # 719123</b>	
1. Entity Name DELRAY DUNES FAIRWAY VILLAS, INC.	

Principal Place of Business 3898 VIA POINCIANA SUITE 13 LAKE WORTH, FL 33467 US	Mailing Address 3898 VIA POINCIANA #13 LAKE WORTH, FL 33462 US
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40021590



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
YEEND, CASTAÑEDA & FLYNN, LLP Accountants and Tax Specialists 1109 South Congress Avenue West Palm Beach, FL 33406	YEEND, CASTAÑEDA & FLYNN, LLP Accountants and Tax Specialists 1109 South Congress Avenue West Palm Beach, FL 33406

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1382375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLYNN, DENNIS P 3898 VIA POINCIANA #13 LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name YEEND, CASTAÑEDA & FLYNN, LLP Street Address (P.O. Box Number is Not Applicable) 1109 South Congress Avenue City West Palm Beach, FL 33406 FL Zip Code
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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
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FILLION, EDWARD 17 FAIRWAY DR. BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORNE, BILL 4 FAIRWAY DRIVE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LORNE, BILL 4 FAIRWAY DR. Boynton Beach, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRYSINGER, DONNA 9 FAIRWAY DRIVE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD READ, HENRY 15 FAIRWAY DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mary Kay Caloger 7 Fairway Dr. Boynton Beach, FL 33436 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	4/8/08	561 732-8828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #