

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719645

FILED  
Mar 17, 2010  
Secretary of State

**Entity Name:** COURT OF DELRAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2220 S OCEAN BLVD  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CAPITAL REALTY ADVISORS  
600 SANDTREE DR, STE 109  
PALM BEACH GARDENS, FL 33403

**New Mailing Address:**

**FEI Number:** 59-1378156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDONALD, DONNA  
600 SANDTREE DRIVE  
SUITE 109  
PBG, FL 33403 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: D  
Name: DRYER, GERALD  
Address: 2220 S OCEAN BLVD # 502  
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVP  
Name: FISHER, YALE  
Address: 2220 S. OCEAN BLVD #701  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD  
Name: FOSTER, FRANK  
Address: 2220 SOUTH OCEAN BLVD #1101  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S  
Name: COOK, KATHLEEN  
Address: 220 SOUTH OCEAN BLVD # 903  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D  
Name: HARRINGTON, THOMAS  
Address: 2220 S OCEAN BLVD #1103  
City-St-Zip: DELRAY BEACH, FL 33482

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: FRANK FOSTER

PD

03/17/2010

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

\_\_\_\_\_  
Date