2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2004 8:00 am **DOCUMENT # 720831 Secretary of State** 1. Entity Name 03-09-2004 90031 037 ****61.25 DELRAY DUNES BAHIA VILLAS, INC. Principal Place of Business Mailing Address P O BOX 639 DELRAY BEACH FL 33447-639 P BAHIA DRIVE BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1507671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERGIOS PROPERTY MGMT INC Street Address (P.O. Box Number is Not Acceptable) **60 VENETIAL DRIVE DELRAY BEACH FL 33403** City Zip Code 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Change ☐ Addition CANADA, DENNIS NAME NAME 3 BAHIA DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BCH FL 33436** CITY-ST-ZIP CITY-ST-ZIP 1 P TITLE ☐ Delete 💢 Change ☐ Addition GREELEY, JOEL NAME 1 BAGIN DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP Addition TITLE TITLE ☐ Change Delete BROADWELL, JANET NAME 14 BAHIA DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP Delete KISZKA, BETTY B NAME 12 BAHIA DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33436** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change (Addition TIME HOGAE, ELIZABETH NAME NAME 11 BABIN DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED