

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 723263

1. Entity Name
DELRAY DUNES ASSOCIATION, INC.



Principal Place of Business
**12005 DUNES ROAD
BOYNTON BEACH, FL 33436**

Mailing Address
**12005 DUNES ROAD
BOYNTON BEACH, FL 33436**



03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1447663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DELANEY, DAVID F
12005 DUNES ROAD
BOYNTON BEACH, FL 33436**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**000000490833
04/18/06 80072-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELANEY, DAVID F
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VPD
NAME	BOURQUE, ROBERT G
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	TD
NAME	GEYER, ROBERT F
STREET ADDRESS	12005 DUNES RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	CONNELLY, HEATHER H
STREET ADDRESS	12005 DUNES RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	ASTD
NAME	KETTLE, CAROLYN S
STREET ADDRESS	12005 DUNES RD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: *Carolyn S. Kettle* **3-27-06 561-T32-1660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #