
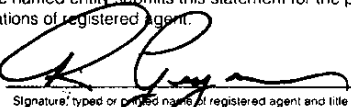



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90164 019 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent DELANY, DAVID F 12005 DUNES ROAD BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name GEYER, ROBERT F Street Add 12005 DUNES ROAD (able) BOYNTON BEACH, FL 33436 City FL 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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELANY, DAVID F 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEYER, ROBERT F 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOURQUE, ROBERT G 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POMPA, BARBARA E. 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEYER, ROBERT F 12005 DUNES RD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN H. LANHAM 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CONNELLY, HEATHER H 12005 DUNES RD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINMUND, JULIET H. 12005 DUNES ROAD BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD KETTLE, CAROLYN S 12005 DUNES RD 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	<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:  CAROLYN S. KETTLE 4-9-07 861-732-1660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					