

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90017 039 ****61.25

DOCUMENT # 723519 1. Entity Name DELRAY DUNES BONSAI VILLAS, INC.					
Principal Place of Business 15 BONSAI DRIVE BOYNTON BEACH, FL 33436			Mailing Address 15 BONSAI DRIVE BOYNTON BEACH, FL 33436		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DEPARTMENT OF STATE FOR DEPOSIT	
City & State		City & State		01082006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-1507671	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POMPA, JAMES 11 BONSAI DRIVE BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D DANIELSON, LINDA 7 BONSAI DR BOYNTON BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOINIS, GEORGE 15 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBARTOLO, RICHARD 8 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD POMPA, JAMES 11 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARES, PATRICIA 18 BONSAI DRIVE BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLACE, ROBERT 3 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KATHERINE 5 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" 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: _____ 2/6/6 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					