


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90056 003 ****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 - No P.O. Box # 10 BONSAI DRIVE		3. Mailing Address 10 BONSAI DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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 <u>POMPA, JAMES</u> Street Address (P.O. Box Number is Not Acceptable) <u>10 BONSAI DRIVE</u> City <u>BOYNTON BEACH</u> FL <u>33436</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>5/15/7</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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	D DANIELSON, LINDA 7 BONSAI DR BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGE A BOINIS 15 BONSAI DR BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLACE, ROBERT 3 BONSAI DR BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILLIE JO WANINK 17 BONSAI DR BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIBARTOLO, RICHARD 8 BONSAI DRIVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, S BRUCES BENNETT 9 BONSAI DR BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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, P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, KATHERINE 5 BONSAI DR BOYNTON BEACH, FL 33436	<input checked="" 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				
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			JAMES POMPA President 5/15/7 561-369-2460 <small>Date Daytime Phone</small>		