

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 723519

1. Entity Name
DELRAY DUNES BONSAI VILLAS, INC.



Principal Place of Business
**10 BONSAI DRIVE
BOYNTON BEACH, FL 33436**

Mailing Address
**10 BONSAI DRIVE
BOYNTON BEACH, FL 33436**



02262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1507671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**POMPA, JAMES
10 BONSAI DRIVE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOINIS, GEORGE A
STREET ADDRESS	15 BONSAI DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	D
NAME	WANINK, BILLIE JO
STREET ADDRESS	17 BONSAI DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	DS
NAME	BENNETT, BRUCE S
STREET ADDRESS	9 BONSAI DR
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	DPT
NAME	POMPA, JAMES
STREET ADDRESS	11 BONSAI DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80052-013 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/8

Date

561-369-2460

Daytime Phone #