FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:46

DOCUMENT # 723946 (0)

1. Corporation Name
DELRAY ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2095 CATHERINE DRIVE DELRAY BEACH FL 33445	2095 CATHERINE DRIVE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1972
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1507467 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~RG PARTNERS INC~~
~~245 NORTH OCEAN BLVD~~
~~SUITE 201~~
~~DEERFIELD BCH FL 33445~~

10. Name and Address of New Registered Agent

81 Name: David Waldman
82 Street Address (P.O. Box Number is Not Acceptable): 2095 Catherine Drive
83
84 City: Delray Beach FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David N. Waldman DATE: 3/6/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~COPPICK, J.T.~~	1.2 NAME	Thomas, Renda
STREET ADDRESS	~~9605B BOCA GARDENS~~	1.3 STREET ADDRESS	3137 Sherwood Blvd.
CITY-ST-ZIP	~~BOCA RATON FL 33428~~	1.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	~~D~~	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	~~THOMAS, RENDA~~	2.2 NAME	Span, Mervin
STREET ADDRESS	~~3137 SHERWOOD BLVD~~	2.3 STREET ADDRESS	3401 N. E. 3rd Avenue
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~	2.4 CITY-ST-ZIP	Oakland Park, FL 33344
TITLE	~~D~~	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	~~ANN ROCK~~	3.2 NAME	Alexander, William W.
STREET ADDRESS	~~1612 CATHERINE DR~~	3.3 STREET ADDRESS	1529 S. E. 12th Court
CITY-ST-ZIP	~~DELRAY BEACH FL 33445~~	3.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	~~TD~~	4.1 TITLE	SD ☐ Change ☐ Addition
NAME	~~ALEXANDER, WILLIAM~~	4.2 NAME	Fifer, Edna
STREET ADDRESS	~~1529 SE 12TH COURT~~	4.3 STREET ADDRESS	2116 Catherine Drive
CITY-ST-ZIP	~~DEERFIELD BEACH FL~~	4.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	~~SD~~	5.1 TITLE	D ☒ Change ☐ Addition
NAME	~~FIFER, EDNA~~	5.2 NAME	Coppick, J. T.
STREET ADDRESS	~~2116 CATHERINE DR~~	5.3 STREET ADDRESS	9605B Boca Gardens
CITY-ST-ZIP	~~DELRAY BEACH FL~~	5.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	SPERRY, ALBERT	6.2 NAME	Rock, Ann
STREET ADDRESS	5092 CORONADO RIDGE	6.3 STREET ADDRESS	1612 Catherine Drive
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Delray Beach, FL 33445

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renda Thomas RENDA THOMAS 3/9/95 (401) 444-3175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0080436