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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33445-6303

3. Date Incorporated or Qualified: **07/24/1972**
3a. Date of Last Report: **05/14/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RENDA THOMAS
2095 CATHERINE DRIVE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: RENDA THOMAS, PRESIDENT OF DIRECTORS — DATE: 3/27/97
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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMAS, RENDA		1.2 NAME	ANN ROCK	
STREET ADDRESS	3137 SHERWOOD BLVD		1.3 STREET ADDRESS	1612 CATHERINE DRIVE #1	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE	D	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	SPAN, MERVIN		2.2 NAME		
STREET ADDRESS	2075 LINTON BLVD., #1		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	ALEXANDER, WILLIAM W.		3.2 NAME		
STREET ADDRESS	1529 SE 12TH CT		3.3 STREET ADDRESS	203 FOX VIEW PLACE	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	CARY, NC 27511	
TITLE	SD	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ALEXANDER, MAUREEN		4.2 NAME	JAMES PAINTER	
STREET ADDRESS	1529 SE 12TH CT		4.3 STREET ADDRESS	1300 N. FEDERAL HWY.	
CITY-ST-ZIP	DEERFIELD BEACH FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VPD	☒ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COPPICK, J.T.		5.2 NAME	JOSEPH PARE	
STREET ADDRESS	11330 LITTLE BEAR WAY		5.3 STREET ADDRESS	5148 N.W. 6TH COURT	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445	
TITLE	TD	☐ DELETE	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BERK, JACK		6.2 NAME		
STREET ADDRESS	1774 CLYDESDALE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 PRESIDENT RENDA THOMAS 3-23-97 (561) 272-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043199