

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723946

1. Corporation Name

DELRAY ESTATES ASSOCIATION, INC.

Principal Place of Business

2095 CATHERINE DRIVE
DELRAY BEACH FL 33445

Mailing Address

2095 CATHERINE DRIVE
DELRAY BEACH FL 33445

FILED
Apr 30, 1999 8:00 am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/24/1972	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1507467	
24 Country		29 Country		30	
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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 RENDA THOMAS, PRESIDENT

4/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	THOMAS, RENDA	1.2 NAME	JARVIS, DEBBIE
STREET ADDRESS	3137 SHERWOOD BLVD	1.3 STREET ADDRESS	133-B N.W. 16TH STREET
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	SD	2.1 TITLE	D
NAME	ROCK, A	2.2 NAME	Rock, ANN
STREET ADDRESS	1612 CATHERINE DR, 1	2.3 STREET ADDRESS	1612 CATHERINE DR. #1
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	TD	3.1 TITLE	TD
NAME	ALEXANDER, WILLIAM W.	3.2 NAME	JEAN-PIERRE, ANDRE
STREET ADDRESS	203 FOX VIEW PLACE	3.3 STREET ADDRESS	5077 N.W. 9TH AVENUE
CITY-ST-ZIP	CARY NC	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33076
TITLE	D	4.1 TITLE	SD
NAME	PAINTER, JAMES	4.2 NAME	MEYER, CLARENCE
STREET ADDRESS	1300 N. FEDERAL HWY	4.3 STREET ADDRESS	2099 LINTON BLVD. #4
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33445
TITLE	D	5.1 TITLE	
NAME	PARE, JOSEPH	5.2 NAME	
STREET ADDRESS	5148 N.W. 6TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I 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 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 the report, or on an attachment with an address, with all other like empowered.

Renda Thomas RENDA THOMAS

4/26/99

(561) 272-5294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)