2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723946

1. Entity Name

DELRAY ESTATES ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90003 044 ****61.25

Principal Place of Business	Mailing Address
2095 CATHERINE DRIVE DELRAY BEACH FL 33445	2095 CATHERINE DRIVE DELRAY BEACH FL 33445-6303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1507467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENDA THOMAS
2095 CATHERINE DRIVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, RENDA 3137 SHERWOOD BLVD DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JEAN-PIERRE, ANDRE 5077 N.W. 96TH AVE. CORAL SPRINGS, FL. 33076	☐ Change ☒ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCK, ANN 1612 CATHERINE DR, 1 DELRAY BCH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARVIS, DEBBIE 133-B NW 16TH ST BOCA RATON FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAINTER, JAMES 1300 N. FEDERAL HWY BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARE, JOSEPH 5148 N.W. 6TH COURT DELRAY BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MENKE, CLARENCE 2099 LINTON BLVD #4 DELRAY BCH FL 3445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MENKE, CLARENCE #4 2099 LINTON BLVD. DELRAY BEACH FL. 33445	☒ Change ☐ Add

12. I 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 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: Renda Thomas REQUIRED RENDA THOMAS 1/7/00 (561)272-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #