

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90401 037 \*\*\*\*61.25

**DOCUMENT # 723946**

1. Entity 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**

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**RENDA THOMAS  
 2095 CATHERINE DRIVE  
 DELRAY BEACH FL 33445**

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 **PD** ☐ Delete  
 NAME **THOMAS, RENDA**  
 STREET ADDRESS **3137 SHERWOOD BLVD**  
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TREASURER** ☐ Change ☒ Addition  
 NAME **JEAN-PIERRE**  
 STREET ADDRESS **5077 NW 96TH DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

TITLE **D** ☐ Delete  
 NAME **ROCK, ANN**  
 STREET ADDRESS **1612 CATHERINE DR, 1**  
 CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **JARVIS, DEBBIE**  
 STREET ADDRESS **133-B NW 16TH ST**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PAINTER, JAMES**  
 STREET ADDRESS **1300 N. FEDERAL HWY**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PARE, JOSEPH**  
 STREET ADDRESS **15118 LOXAHATCHEE RD**  
 CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MENKE, CLARENCE**  
 STREET ADDRESS **2099 LINTON BLVD #4**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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* **RENDA THOMAS, President** 6/6/02 (561) 272-5296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)