# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**May 03, 2005 8:00 am**
**Secretary of State**
05-03-2005 90069 007 ****61.25

DOCUMENT # 723946

1. Entity Name

DELRAY ESTATES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2095 CATHERINE DRIVE<br>DELRAY BEACH FL 33445 | 2095 CATHERINE DRIVE<br>DELRAY BEACH FL 33445 |

1st MOORE CR2E037 (10/04)

| 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 NO-T APPLICABLE ☐ 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 |
|---|---|
| RENDA THOMAS<br>2095 CATHERINE DRIVE<br>DELRAY BEACH FL 33445 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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**
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>THOMAS, RENDA<br>3137 SHERWOOD BLVD<br>DELRAY BEACH FL | ☐ Delete | D<br>BRYAN FIGEL<br>15118 LOXAHATCHEE RD.<br>PARKLAND, FL 33076 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROCK, ANN<br>1612 CATHERINE DR, 1<br>DELRAY BCH FL 33445 | ☒ Delete | D<br>TIMOTHY SULLIVAN<br>6533 SOUTHPORT DRIVE<br>BOYNTON BEACH, FL. 33437 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>PAINTER, JAMES<br>1300 N. FEDERAL HWY<br>BOCA RATON FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARE, JOSEPH<br>15118 LOXAHATCHEE RD<br>PARKLAND FL 33076 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JARVIS, DEBBIE<br>133-B NW 16TH ST<br>BOCA RATON FL 33433 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARE, JAMES<br>15118 LOXAHATCHEE RD<br>PARKLAND FL 33076 | ☐ Delete | | ☐ Change ☐ Addition |

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 4-19-05 561 2825296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #