

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 038 ****61.25

DOCUMENT # 723946 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RENDA THOMAS 2095 CATHERINE DRIVE DELRAY BEACH, FL 33445				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Renda Thomas</i> Signature, typed or printed name of registered agent and title if applicable. 4-16-08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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	D ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	FIFER, BRYAN		NAME	D PARE, SUSAN	
STREET ADDRESS	905 SE 1ST WAY		STREET ADDRESS	905 SE 1ST WAY	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	S ☐ Delete		TITLE	D ☒ Change ☐ Addition	
NAME	PAINTER, JAMES		NAME	D PAINTER, JAMES	
STREET ADDRESS	1300 N. FEDERAL HWY		STREET ADDRESS	1300 N. FEDERAL HWY #110	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D ☐ Delete		TITLE	S ☒ Change ☐ Addition	
NAME	PARE, JOSEPH		NAME	S PARE JOSEPH	
STREET ADDRESS	905 SE 1ST WAY		STREET ADDRESS	905 SE 1ST WAY	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	PD ☐ Delete		TITLE	T ☐ Change ☒ Addition	
NAME	PARE, JAMES		NAME	T JEAN-PIERRE ANDRE	
STREET ADDRESS	905 SE 1ST WAY		STREET ADDRESS	7776 MIRAGE LAKE CR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James PARE</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-16-08 561-239-4580 Date Daytime Phone #		