_2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

· FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # 725351 DELRAY DUNES HOLLY VILLAS, INC. Mailing Address Principal Place of Business 18 HOLLY DRIVE HOLLY VILLAS, DELRAY DUNES BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1577049 City & State City & State Applied For Not Applicab! Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, THOMAS A CPA Street Address (P.O. Box Number is Not Acceptable) 96 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Delete TITLE ☐ Change Additi-TITLE WELLS, BEVERLY NAME NAME U00000532257 STREET ADDRESS STREET ADDRESS 9 HOLLY DRIVE 05/06/06-80077-004 61.25 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL VD ☐ Change ☐ Delete TITLE Addition GONZALES, KEVIN NAME NAME STREET ADDRESS 2 HOLLY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Chance Addition TITLE TITLE Delete SMYTHE, DONALD K NAME MAME 13 HOLLY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH, FL ☐ Change Detete TITLE ☐ Addition TITLE REINMUND, B. FRED NAME NAME 16 HOLLY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE VREELAND, DR. ELEANOR P NAME NAME STREET ADDRESS 18 HOLLY DRIVE STREET ADDRESS BOYNTON BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 fixe empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: