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Apr 22 1997 8:00am
Secretary of State• NO. PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 725516 (9)**

1. Corporation Name

DELRAY BEACH CLUB APARTMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2000 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6484****2000 SOUTH OCEAN BLVD.
DELRAY BEACH FL 33483-6436**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDER, ROY B**2000 S. OCEAN BLVD.****10****DELRAY BCH. FL 33483**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TA
NAME MACLEOD, WILLIAM
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE1.1 TITLE Assist. Treas. /D
1.2 NAME Eleanor Fitzgibbons
1.3 STREET ADDRESS 2000 So.Ocean Blvd.
1.4 CITY-ST-ZIP Delray Beach, FL. 33483 ☐ Change ☐ AdditionTITLE VP
NAME CLAIRE, OTT
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000 ☐ DELETE2.1 TITLE V.P.
2.2 NAME Claire Ott
2.3 STREET ADDRESS 2000 So.Ocean Blvd.
2.4 CITY-ST-ZIP Delray Beach, FL. 33483 ☐ Change ☐ AdditionTITLE D
NAME REEF ARTHUR
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME GILES, VIRGINIA
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BCH, FL 00000 ☒ DELETE4.1 TITLE Secretary /D
4.2 NAME Virginia Anderson
4.3 STREET ADDRESS 2000 So.Ocean Blvd.
4.4 CITY-ST-ZIP Delray Beach, FL. 33483 ☐ Change ☐ AdditionTITLE P
NAME CARDER, ROY
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE5.1 TITLE P
5.2 NAME Carder Roy
5.3 STREET ADDRESS 2000 S. Ocean Blvd.
5.4 CITY-ST-ZIP Delray Beach, FL. 33483 ☐ Change ☐ AdditionTITLE TVP
NAME WILLIAM, CARTER
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL ☐ DELETE6.1 TITLE TVP
6.2 NAME William Carter
6.3 STREET ADDRESS 2000 S. Ocean Blvd.
6.4 CITY-ST-ZIP Delray Beach, FL. 33483 ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044809

CP2E037 (9/96)