FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90002 047 ****61.25

DOCUMENT #725516

1. Corporation Name

Delray Beach Club Apartment Assoc., Inc.

Principal Place of Business	Mailing Address
2000 S. Ocean Blvd. Delray Beach, FL 33483	2000 S. Ocean Blvd. Delray Beach, FL 33483

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/09/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-0981595 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OTT, Claire M. 2000 S. Ocean Blvd, Apt. 708 Delray Beach, 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 Claire M. Ott
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FitzGibbons, Eleanor	1.2 NAME	
STREET ADDRESS	2000 S. Ocean Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	OTT, Claire M.	2.2 NAME	
STREET ADDRESS	2000 S. Ocean Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Carder, Roy B.	3.2 NAME	
STREET ADDRESS	2000 S. Ocean Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	3.4 CITY-ST-ZIP	
TITLE	VPTD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Healy-Golembe, Patricia	4.2 NAME	
STREET ADDRESS	2000 S. Ocean Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Bierle, Nancy	5.2 NAME	
STREET ADDRESS	2000 S. Ocean Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Claire M. Ott 6/28/99 561 278-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #