2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # 725516 1. Entity Name DELRAY BEACH CLUB APARTMENT ASSOCIATION, INC. 04-19-2000 90095 017 ****61.25 Principal Place of Business Mailing Address 82000 SOUTH OCEAN BLVD. 2000 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 6 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-0981595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OTT, CLAIRE M 2000 S. OCEAN BLVD. ጐ **APT 708** DELRAY BCH. FL 33483 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. 01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 FREDERICK BASTON RECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Delete TITLE TITLE PRECTOR MAR NAME FITZGIBBONS, ELEANOR NAME CR2E037 STREET ADDRESS DELAN BEACH, EL 33483 STREET ADDRESS 2000 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483 VPD** Delete FRED BASTOS TITLE CLAIRE, OTT NAME NAME 2000 S. OCEAN BLVD. 4607 STREET ADDRESS STREET ADDRESS 2000 S OCEAN BLVD DIRECTOR DELRAY BEACH, FL. 33483 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Change ☐ Addition Defete TITLE TITLE PD NAME NAME CARDER, ROY B STREET ADDRESS STREET ADDRESS 2000 SO OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** PEAREARU Teleanor K. ☐ Defete TITI F vptd TITLE 2000 S.O. BLUDO. NAME HEALY-GOLEMBE, PATRICIA NAME DELRAY B. FLA. 33483 STREET ADDRESS STREET ADDRESS 2000 S OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 Addition Delete TITLE TITLE NAME NAME WIERLZ, NANCY STREET ADDRESS STREET ADDRESS 2000 S OCEAN BLVD FL

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

DELRAY BEACH FL 33483

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CLEGATED DISTRICT STATES OF BEAUTY SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-11-2000

Oaytime Phone #

☐ Change

☐ Addition