2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 725516** DELRAY BEACH CLUB APARTMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 02000 COUTH OCEAN BLVD. DELTAY BEACH EL 32483 2000 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483

FILED May 11, 2001 8:00 am Secretary of State 05-11-2001 90136 034 ****61.25

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2. Principal Place of Business		2000 S. OCEAN BLUS FLAN BEACH FL 33483 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FE	El Number 52-09815		 	lied For	
Zip	Country	Zip	Country	5. Ce	ertificate of Status Desire	ed	8.75 Addit		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name	Name					
DAGHER, JOSEPH M 98 SE 6TH AVE STE 2				Street Address (P.O. Box Number is Not Acceptable)					
DELRAY BCH. FL 33483			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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: 9. Election Campaign Financi FEE IS \$61.25 Trust Fund Contribution.			~	- Ward Offick I ayable to					
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIO	ONS/CHANGES TO OFF	ICERS AND DIRE	ECTORS IN 1	0	
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TITLE	DP			00-	and 11.	1 my 1	70-1-0-1		
NAME	LIERLE, NANCY	☐ Delete	TITLE	PR.SSII)	INI	11/1	☐ Change	☐ Addition	
STREET ADDRESS	2000 S OCEAN BLVD Y-9		NAME STREET ADDRESS	NAMEY	LIERLE S. OCEAN BLU	10 4-9			
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	DELDA	y BEACK, H	2. 3348.	3		
12. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exemption etc	tad in Section	10.07/2\(ii) Florido Statu	ton I for what a security	(f	ormation	
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.

ED ON PRIMITED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #